

# *Medical* *Economics*

DECEMBER



AUTO PRIORITIES FOR PHYSICIANS • PAGE 55

IN A RECENT STUDY OF 512



\*  
CHILDREN



Those receiving no medication showed an increase in the incidence of dental caries of 65 per cent.

65%



Those receiving tablets of calcium fluoride alone showed an increase of 32 per cent.

32%



Those receiving a combination of calcium fluoride with vitamins C and D ("ENZIFLUR" Tablets) showed an increase of only 15 per cent.

15%

## "ENZIFLUR"

Reg. U. S. Pat. Off.  
TABLETS  
(Lozenges)

Each lozenge provides:

Calcium fluoride	2.0 mg.
Vitamin C (ascorbic acid)	30.0 mg.
Vitamin D (irradiated ergosterol)	400 I.U. U.S.P. XII

IMPORTANT: "ENZIFLUR" Lozenges should be allowed to dissolve slowly in the mouth, thus bringing the surfaces of the teeth in contact with the fluoride-bearing saliva.

**AYERST, McKENNA & HARRISON Limited**  
22 East 40th Street, New York 16, N. Y.



\*Stream, L. P. Beaudet, J. P. New York State J. Med. 45:2182 (Oct. 15) 1941.

# Season's Greetings, Doctor



*May we take this opportunity, doctor, to thank you for your friendly patronage during the past year and to wish you much happiness and success in the year to come.*

*Your confidence in us is sincerely appreciated and we trust that in the year ahead we will continue to merit your good-will.*

**THE WENDT-BRISTOL COMPANY**  
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AD-6108 MA-3153  
Columbus, Ohio



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This mobile, highly flexible, and seemingly simple unit has been skillfully engineered. In many hospitals and thousands of offices, it has rendered satisfactory service in fluoroscopy and in radiography of the skull, sinuses, jaws, teeth, chest, spine, pelvis, extremities, and joints. . . . Self-contained, sturdy, and durable. . . . Operates on 115-120 volt, 50-60 cycle A.C. current. . . . Requires no special wiring.

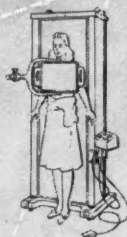
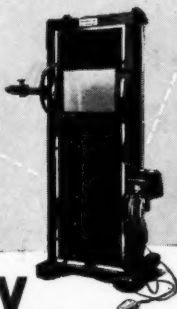
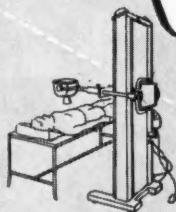
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**\$895**

(F.O.B. Chicago)

Patterson B 12x16  
Fluoroscopic Screen  
\$72 extra

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This new hemoglobinometer makes it possible for anyone to measure hemoglobin concentration as accurately as with the better laboratory methods—less than three minutes after blood has been extracted.

The Hb-Meter is small enough to fit the pocket or bag, eliminates dilution liquids, volumetric measurements and tables, and operates *anywhere* from self-contained dry cells (or electric outlet). It is ideal for instant, on the spot use at the hospital, office or patient's bedside.

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Price Hb-Meter outfit, complete ..... \$34.50

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# Medical Economics

THE BUSINESS MAGAZINE OF



THE MEDICAL PROFESSION

DECEMBER 1946

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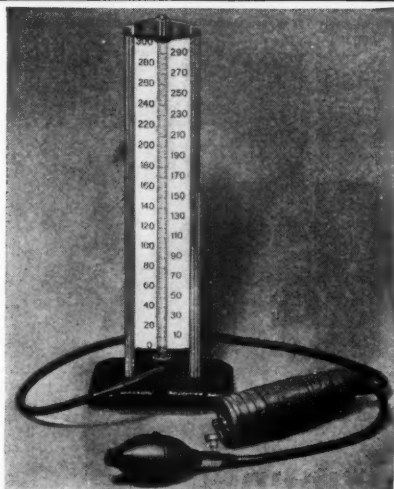
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**A #5006 on your desk...looks better  
...lasts longer...costs less**

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**B-D #5006 MANOMETER**

Constant opening and closing, wrapping and unwrapping, transferring from bag to desk to bag again — prematurely wears out Blood pressure machines.

A B-D #5006 Manometer will eliminate much of this handling. Your present portable manometer will have its life extended if reserved exclusively for bag use. Also, you avoid any possibility of discovering upon arrival at a patient's home that your dual use manometer remains on your office desk.

The B-D 5006 Manometer has no case to open and close — largely eliminating breakage and conse-

quent danger of mercury leakage. It has no hinges or locks to require repair. The non-tip weighted base requires little desk space, permitting the instrument to be easily moved to any part of the office. The high visibility scale, registering to 300 millimeters, lends to the attractive and professional appearance of the 5006. This individually calibrated and certified mercury instrument assures constant accuracy.

The 5006 is inexpensive. Priced at \$23.75 to the physician. Because of present uncertain costs of labor and material, prices are subject to change without notice. Ask your regular surgical dealer to show you the B-D 5006.

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the extra assurance  
with every tube of  
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**TIME TESTED  
CLINICAL  
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*with confidence*

*Prescribe...*

**ACTIVE INGREDIENTS:** Boric acid 2.0%, oxyquinolin benzoate 0.02% and phenylmercuric acetate 0.02% in a base of glycerin, gum tragacanth, gum acacia, perfume and de-ionized water.

write for literature



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“The sulfonamide drugs  
given orally are recognized  
as the most valuable single  
therapeutic measure

## *in severe infectious sore throats?*

Weille, F. L.: *M. Clin. North America* 28:1115.

### **Eskadiazine . . .**

S.K.F.'s fluid sulfadiazine for oral  
use . . . is particularly indicated  
for patients with painfully inflamed  
throats because:



#### ***Eskadiazine***

**is so much easier to swallow**  
than bulky half-gram  
sulfadiazine tablets.



#### ***Eskadiazine***

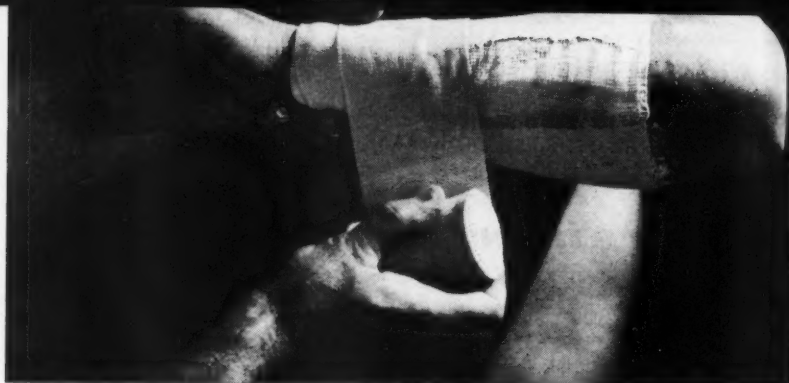
**is so outstandingly palatable**  
that even infants and children  
actually like to take it.



#### ***Eskadiazine***

**is so quickly absorbed**  
that it provides desired serum levels  
3 to 5 times more rapidly than tablets.

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## IMMOBILIZATION OF TISSUES is a first aid to healing

• Today there is a steadily growing acceptance of the use of plaster immobilization in the treatment of massive soft tissue injury even when unaccompanied by bone damage. War experience shows that splinting the extremities—in cases of avulsion, laceration and destruction of large skin areas and muscle bundles—puts the tissues at rest and promotes quicker healing. The same procedure applies to immobilization of infected soft tissue areas. "Specialist" splints over-wrapped with Adaptic elastic bandages are ideal for this technique.

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HARD-COATED

**READY-CUT PLASTER SPLINTS**

**ORDER FROM YOUR DEALER**

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## *Panorama*

► Washington dopesters scoff at a U.P. report that the 1947 Wagner-Murray-Dingell Bill will be "delayed" because of 130 changes made necessary by testimony on S.1606. Isidore S. Falk and the Social Security Administration, they say, have already whipped up a new measure and all it needs is polishing . . . The New York Infirmary, only American hospital staffed exclusively by women doctors, says that "bias" against them is decreasing, even among men patients, but that they still comprise less than 5 per cent of all U.S. doctors, compared with 17 per cent in England and 85 per cent in Russia . . . Lush new subscription movie theatre, on Park Ave., Manhattan, offers such diversified attractions as foam-rubber love seats in the mezzanine and a telephone service for professional men . . . Hopelessly ill victims are said to be offering themselves as guinea pigs to the new Association for Advancement of Research in Multiple Sclerosis.

► Physicians and pharmacists are warned by law-enforcement men to be doubly watchful of their narcotic supplies. Scarcity among addicts has sent thefts soaring. Half-grain of morphine now brings \$3 in illicit market . . . Sadly, New York Herald-Tribune notes "death" of Dr. Alexis Carrel's famous embryonic chicken heart that beat in a test tube for thirty-four years. With research work concluded, says the H-T, nobody wanted the heart. "The test tube was inverted over a sink and immortality passed down the drain" . . . One World, Medical Division: Doctors representing U.S., Britain, the British dominions, and Europe recently met in London to attempt to set up an international medical organization "that will help to coordinate understanding and cooperation and to increase the knowledge of the many problems with which medicine is faced."

► News reports of Massachusetts General Hospital's horse-meat menu brought in a week's supply of veal, bacon, ham, and beef from dealers who were shocked by hospital's straits during the meat shortage . . . Howard Hughes, who recently has alternated between promoting (1) the airplane and (2) Jane Russell's bosom, found time while he was convalescing from crash injuries to invent a more comfortable hospital bed. His own shops built the bed and delivered it in time for Hughes to use it. When

# 1,000,000,000,000 DAILY!

(ONE TRILLION)

In hypochromic anemias, the reticulo-endothelial system often must furnish more than one trillion erythrocytes each day! And, since a combination of B Vitamins, *plus* Liver, *plus* Iron is more effective than any one or two of these used alone, an increasing number of physicians are prescribing Endoglobin tablets for hematinic and regenerative therapy. Endoglobin obviates the necessity for multiple prescriptions, and is convenient and inexpensive for the patient.

*Each Endoglobin\* tablet contains:*

Liver Residue (secondary fraction 50:1 derived from 10 Gm. fresh liver).....	0.2 Gm.
Ferrous Sulfate Exsiccated U.S.P.....	0.2 Gm.
Thiamine Hydrochloride .....	1 mg.
Riboflavin.....	0.66 mg.
Niacin .....	10 mg.

Also available, Endoglobin-C tablets containing, in addition, 50 mg. ascorbic acid per tablet.

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Supplied on prescription in bottles of 100 tablets.

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ENDO

Summon up the blood with **ENDOGLOBIN**

he left the hospital he took it with him . . . Army's new tropical disease museum will be set up at Fort Sam Houston, Texas, and, according to the U.P., will "portray each particular disease in its natural surroundings" . . . AHA is offering panels of experts to assist architects and boards of trustees in planning hospitals. Program involves two-day round-table discussion at cost of \$1,300.

► A Cleveland crackpot has been sending mothers into hysterics by telephoning to warn them that their children may have polio . . . Beloved old family doctor of Salem, Mass., Ara N. Sargent, who died at 78, left practically all his \$220,000 estate to Salem Hospital . . . National Poll of Hospital Opinion shows most institutions favorably disposed toward smoking in hospitals, provided objectors to smoking are not subjected to fumes . . . With only the letters O, Q, and V left for new vitamins, the Patent Office says those who discover additional ones may also have to find a new way of labeling them.

► Nation-wide program of public education on diseases of the heart has been initiated by American Heart Association . . . Sixty-four Kansas physician-veterans have received financial assistance in post-graduate education from fund sponsored by state medical society . . . Santa Fe obstetricians startled by two adjacent billboards, one with big headline, "Expecting a Baby?" the other with "Nope, I'm waiting for a Nash" . . . What every doctor needs (as seen in Advertising & Selling): "18th century secretary, ball-and-claw legs, serpentine front, four large drawers, \$99.50" . . . A plastic surgeon advertised in mid-western paper that he'd exchange a new nose for an apartment . . . Massachusetts General Hospital, bursting at the seams, had to hire a circus tent to celebrate the centennial of the first public operation with ether.

► Specialists in physical medicine are still urgently needed by Veterans Administration, which calls attention to high initial salary, liberal promotion and leave policies, and opportunities for post-graduate education . . . Chicago Tribune's million readers had a chance to read Senator James E. Murray's remark, "In modern times the average citizen of the country is not capable of selecting his own physician," when this magazine was quoted in a letter to that paper . . . The fact that only one American general hospital has all its patients' rooms along southern walls is blamed on "formalism" in design. Thomas H. Creighton, editor of Progressive Architecture, maintains that good hospitals can take the form of wagon wheels, airplanes, telegraph poles. "or ballet dancers poised on one leg."



"... short sentences  
drawn from  
long experience"

Cervantes, Spanish poet,  
dramatist, and novelist, ap-  
proved of "short sentences  
drawn from long experience."

The story of LIQUID PEPTO-  
NOIDS\* WITH CREOSOTE can  
be told in such "short sentences  
drawn from long experience."

- For over fifty years physicians  
have continued to prescribe it.
- It helps arrest harassing cough.

- It promotes expectoration.
- It aids in checking extension of  
inflammatory processes.
- It is highly palatable.

Each fluid ounce contains 2 min-  
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likelihood of gastric reaction.

## LIQUID PEPTONOIDS

Reg. U. S. Pat. Off.

### with CREOSOTE

SUPPLIED: Bottles containing 6 and 12 fl. ozs.

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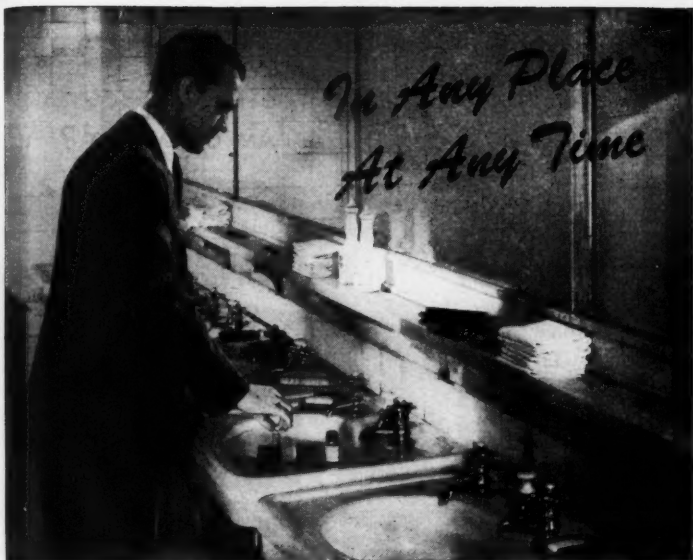


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NEW YORK



Routine testing of the urine for sugar becomes a vital procedure in the daily life of many diabetic patients.

Clinitest is so simple, so convenient, so speedy, that it can be used indoors or outdoors, in the washroom of a train, service station or elsewhere, with no more inconvenience than in the privacy of a home.



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Tablet—No Heating—Urine-Sugar Test

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YOU GET IN "REGULAR"  
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EACH OUNCE  
PROVIDES 12 MGS.  
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(NO RAW STARCH) IN 5  
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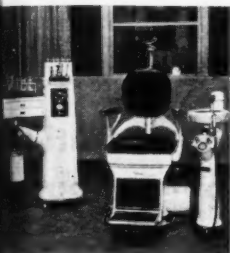
SMO-O-O-TH AND  
DELICIOUS... FREE  
FROM IRRITATING  
BRAN PARTICLES !

SUPPLIES EXTRA  
CALCIUM, PHOSPHORUS,  
AND WHOLE WHEAT  
AMOUNTS OF THIAMINE

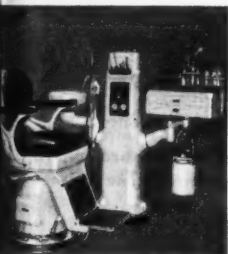
...AND IT'S IDEAL  
FOR THE  
EXPECTANT MOTHER !



CREAM OF WHEAT AND CHEF TRADEMARKS REG. U. S. PAT. OFF.



*This Ritter Unit is positioned at left, with Surgical Cuspidor at right of chair.*



*This type of Ritter Unit, with Swinging Cuspidor, is positioned at right of chair.*



*Here the Ritter Unit, also with Swinging Cuspidor, is placed at left of chair.*



*This Ritter Unit is for the physician who prefers to work with instruments and medicaments at right, Ritter Surgical Cuspidor at left of chair.*

## *Serve Your Growing Practice Easily* ...with the correct **ITTER ENT UNIT** for your special needs

As your practice increases, modern, energy-saving equipment will become essential—to extend your skill to more patients without added strain.

Ritter ENT Units are designed to fit your individual operating technique. Each centralizes precision instruments, medicaments, compressed air, vacuum and waste disposal facilities within arm's reach . . . enables you to work smoothly, effortlessly for long periods.

Shown here are the four types of Ritter Units. Now is the time to choose the Unit which can best help you meet the demands of your expanding practice. **Ritter Co., Inc., Ritter Park, Rochester 3, N. Y.**

FOR ADVANCED EQUIPMENT  
LOOK TO

**Ritter**



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*In treating  
Para-nasal Infection*

# ARGYROL

*gives* **Bacteriostasis Without Irritation  
Decongestion Without Rebound**



The **Cleansing Demulcent and Bacteriostatic** actions of ARGYROL aid the natural defense mechanism without disturbing the normal physiology of the mucous membranes. By avoiding the vicious circle of vasoconstriction and compensatory congestion so common with many vasoconstrictors, restoration of normal function is more readily attained.

### **The Three-Fold Action of ARGYROL**

1. ARGYROL is decongestive, without irritation to the membrane, and without ciliary injury.
2. ARGYROL is powerfully bacteriostatic, yet is non-toxic to tissue.
3. ARGYROL stimulates secretion and cleanses, thereby enhancing Nature's own first line of defense.

### **Three-Fold Approach to Para-nasal Therapy**

1. The nasal meatus... by 20 per cent ARGYROL instillations through the nasolacrimal duct.
2. The nasal passages with 10 per cent ARGYROL solution in drops.
3. The nasal cavities... with 10 per cent ARGYROL by nasal tamponage.

**ARGYROL** *the Physiologic*  
*Anti-infective with broad, sustained action*

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# Speaking Frankly

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## AMCP

I was greatly interested in MEDICAL ECONOMICS' November article on the recent meeting of Associated Medical Care Plans, Inc., in Chicago. I think your observations are important because they are unbiased. Some of us may be a little too close to the forest to see the trees.

The problems facing AMCP are the same ones that Blue Cross has faced and, to a considerable extent, solved in behalf of the hospital and medical prepayment plans associated with them. Many of us agree with you that the central national organizations, to be successful, must be coordinated just as closely as the local operating units.

Since you criticize, by implication, the selling efforts Blue Cross is making for medical service plans, it seems only fair to point out that of a 4 million total membership in medical society plans, about 80 per cent is in plans associated with the Blue Cross. Furthermore, the latter are, for the most part, the fastest growing ones. United Medical Service in New York has more than doubled its membership in a year to a total of about 400,000. Massachusetts Medical Service, also with about 400,000, has nearly doubled in a year.

Here in Colorado (Blue Cross membership 400,000, medical service, 150,000) my enrollment repre-

sentatives would be astonished if anyone accused them of favoring one plan at the expense of the other. In fact, they have complained about the restrictions we have had to place on medical plan enrollment until financial stability is assured.

William S. McNary,  
Executive Director  
Colorado Medical Service  
Denver, Colo.

*Some other medical plans, unfortunately, report contrary results.*

## Risky

Dr. Warren P. Morrill of the American Hospital Association recently pointed out in MEDICAL ECONOMICS why the construction of general hospitals of fewer than forty beds is a risky undertaking in small communities. How would he appraise the chances of a fifty-bed, private, ENT hospital in a city of a million people?

Courtney Kahn, M.D.  
Baltimore, Md.

*Dr. Morrill comments: "The development of Blue Cross and other prepayment plans may eventually mean that hospitals will get from 60 to 75 per cent of their incomes from such agencies. Since these plans have a fee ceiling based on community averages, the collections of the small, privately owned hospital probably will not be adequate*

R PHENAPHEN

Judicious  
Choice

OR  
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cal, P  
physic  
durate  
d an  
H. R  
CHM



# FORMULA:

Each tablet or capsule contains:  
Acetyl-salicylic acid .....2½ gr.  
Phenobarbital .....¼ gr.  
Phenacetin .....3 gr.  
Extract of Hyoscyamus.....¼ gr.  
*Hyoscyamine Sulfate equivalent*

**AVAILABLE:** in bottles of 100,  
500 and 1000 tablets and capsules.

# OR RELIEF OF PAIN

Assuaging pain calls for a judicious com-

ination of prompt acting—and also long lasting—analgesics and sedatives, with synergistic action, and preferably with non-narcotic and antipyretic qualities. • By realizing this goal, Phenaphen has become the judicious choice of many physicians for pain relief. It combines a salicylate, a barbiturate, a paraminophenol derivative, and an anodyne and anhidrotic alkaloid — for uniquely effective action.

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RICHMOND 19, VIRGINIA

# PHENAPHEN

*a Robins' Triumph*

*Ethical Pharmaceuticals  
of Merit...since 1878*

**"ALL THE B COMPLEX"**  
**"PLENTY OF IRON"**

**"IT TASTES GOOD"**

**"IT'S SPECIAL FOR US"**

**INFAN-CONCEMIN**  
 Vitamin B Complex with Ferrous Sulfate

A concentrate specifically designed for infants and children. Supplies B vitamins in high potency, whole B complex from rice bran and liver. One to 3 cc. daily. One-ounce dropper bottles and half-pints.

T.M. "Infan-Concemin" Reg. U.S. Pat. Off.

**MERRELL**  
 79th Year

**THE W. S. MERRELL COMPANY**  
 CINCINNATI, U.S.A.

to meet its amortization costs. The investment will amount to not less than \$7,500 a bed. At least \$2 per bed per day will be required to meet taxes, amortization, and interest on capital. That means the owners will have a very slim chance of recovering their investment."

## Disability

Since a number of service physicians were of advanced age, it should be emphasized that they may be retired for disability, with financial benefits, if any ailment incurred in service becomes sufficiently aggravated in civilian life. Application for such retirement must be made within fifteen years after discharge.

Homer Rice, M.D.  
 Hendersonville, N.C.

## Rural

It is true that never again will there be a doctor in every village. Modern medical training, increasing use of hospital and diagnostic facilities, cost of a medical education, and necessity for a large investment in equipment all militate against a young doctor's moving into a small community. Yet I have noticed in Alabama that when a man who can obtain necessary facilities settles in a small town, he prospers.

One solution being tried in certain areas is the provision of necessary diagnostic, therapeutic, and hospital adjuncts by the community—through cooperative effort, as in Amherst, Tex., or through local taxation. The doctor's income then comes from prepayment insurance, cooperative fees, or private fees.

So far, unfortunately, only a few

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in  
menstrual  
dysfunction



***"The Central Nervous Stimulant of Choice"***

**Dexedrine** therapy not only alleviates the mental depression and psychogenic fatigue which ordinarily accompany dysmenorrhea; but also, through its marked amelioration of mood, beneficially alters the patient's reaction to pain.  
*Smith, Kline & French Laboratories, Philadelphia, Pa.*

**tablets**

**Dexedrine Sulfate**  
(dextro-amphetamine sulfate, S.K.F.)

**COLD OR HEAT**

**MORE** *Athlete's Feet*

Warm weather or cool weather... dermatomycotic infections are increasingly with us. Control of these troublesome and often incapacitating fungus invasions can often be achieved in a more satisfactory manner by prescribing HYDROPHEN... which combines the virtues, yet avoids the undesirable qualities, of ordinary phenolic and mercurial compounds. • Safely non-keratolytic (because it contains no benzolic or salicylic acids), HYDROPHEN relieves itching promptly and readily kills fungi and certain bacteria by rapid penetration directly into the lower skin layers—thanks to its neutral absorption-cream type base. Easy to apply—no bandaging is required for this colorless, stainless, odorless unguent. Equally effective in treatment of tinea cruris or capitis. Ethically promoted—available at your pharmacy. Write on letterhead for literature and free samples.

**HYDROPHEN**  
for fungus and bacterial skin infections

Request free samples on professional letterhead.

CONTAINS: orthophenyl-phenolmercuric nitrate, in a neutral, penetrating base.

**HYDROPHEN**

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communities are making such efforts. Present thinking envisions assistance through grants-in-aid with local participation.

In Alabama we have made some progress. We have drawn up a master hospital plan showing where hospitals are needed in rural areas, and we are providing for the matching of Federal funds to build these facilities. Our medical association is actively pushing prepayment insurance and hopes to work out some method of offering it to rural areas.

State medical committees, stimulated by the AMA Committee on Rural Medical Care, are meeting with farm groups, governmental agencies, and interested individuals in studying the problems of rural medical care. Some states are well along in planning to reverse present trends. Any effort to solve the problem should include as much local participation as possible.

J. Paul Jones, M.D.

Comm. on Rural Med. Service  
American Medical Assn.

## Bottlers

"Twelve Full Ounces" in your October issue recalled some of our experiences in handling urinalyses. We have found the "bottle types" to be decidedly seasonal. In December and January there is a noticeable increase in the number of specimens arriving in whiskey bottles. In summer, cologne and sun tan lotion bottles predominate.

We've had to devise special techniques for handling some specimens—the ones in hair tonic bottles, for instance, designed to release but two or three drops at a time. How patients get the stuff into such bot-

# Linked Together

## FOR DEPENDABLE ORAL ESTROGEN THERAPY

In ESTINYL, a derivative of alpha-estradiol, the potency and smooth action characteristic of natural estrogens are linked together with the economy previously obtainable only with synthetic preparations. Small doses of this new oral estrogen alleviate menopausal symptoms rapidly and rarely cause side effects.

## ESTINYL tablets

**DOSAGE:** One ESTINYL Tablet of 0.05 mg. daily. In severe cases two and three tablets may be prescribed daily. Current practice is to administer ESTINYL for two weeks after which a rest period of a few days is allowed. Such cycles are repeated as long as required.

ESTINYL (ethinyl estradiol) Tablets of 0.05 mg. (pink) and 0.02 mg. (buff) in bottles of 100, 250 and 1,000 tablets.

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## *In Chronic Diseases* **WHEN PAIN MUST BE CONTROLLED**

The occasion is often encountered when prolonged, dependable pain relief must be provided. Such patients, usually afflicted with a chronic illness which upsets the emotional balance, quickly learn to dread the hypodermic needle, regardless of the degree of relief it brings. In these instances, Papine offers unusual advantages. It provides, on oral administration, all the pain relieving properties of morphine. Containing morphine hydrochloride and chloral hydrate in a palatable vehicle, Papine produces 4 to 6 hours of pain relief from a single dose. In advanced carcinomatosis it affords the desired degree of comfort without the psychic trauma of injection. Papine is also effective when the severe pain of biliary colic and renal colic must be controlled. Two teaspoonfuls of Papine provide the anodyne action of  $\frac{1}{4}$  grain of morphine. . . . Papine is available through all pharmacies on request.

**BATTLE & CO.**

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**PAPINE**  
(BATTLE)

ties in the first place is beyond us.

I have one doctor who prefers a twelve-hour specimen. One patient evidently did not understand the directions, for she brought in twelve small bottles, each one carefully labeled "9 o'clock," "10 o'clock," etc.

George K. Clough

Clough Clinical Laboratory  
Springfield, Mass.

*Suggestion for the devil-may-care patient: a Haig & Haig pinch bottle.*

## **Non-Strike**

In an article entitled, "Medicine's India-Rubber Man," in the October 19 Saturday Evening Post, Greer Williams, the author, says: "Fishbein disowned the Association of American Physicians and Surgeons, an extreme-right action group . . . Its proposal to strike against the sick public if the Wagner-Murray-Dingell Bill was adopted, in Fishbein's opinion, violated all of the tradition of medical science."

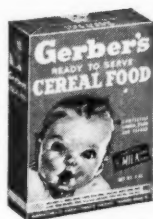
Doctor Fishbein could not disown the association because he never had anything to do with it. One of the main objectives of the association, in fact, was to blast Fishbein and the hierarchy of the American Medical Association into doing something about medical care. This has nothing to do with the tradition of medical science but has a lot to do with its economics.

Doctor Fishbein made the statement, and it was repeated in the literature of the National Physicians Committee and again in the Post article, that the AAPS proposed to strike against the sick public if the Wagner-Murray-Dingell Bill, S.1606, became law. This statement is preposterous and

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## Three cereals different in taste — alike in high nutrition values

With the addition of the new Barley Cereal, Gerber's now offer three special cereals for babies.

These three cereals, Cereal Food (blue box) Strained Oatmeal (red box) and Barley Cereal (yellow box) have distinct differences in taste according to the grains from which they are made. All three meet the latest medical recommendations for infant nutrition.

For instance, each is rich in added B complex vitamins derived from a dried, specially grown primary yeast. Added iron, calcium, and phosphorus are provided in generous measure in all three cereals. Fine straining makes for easy digestion by infants as young as one month old. All three cereals are pre-cooked, ready to serve.

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Gentlemen: Kindly send me complimentary samples of Gerber's Barley Cereal as well as samples of Gerber's Cereal Food and Gerber's Strained Oatmeal and Professional Reference Cards.

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A combination of highly potent quantities of vitamins known to be essential in human nutrition, in balanced therapeutic amounts, as in THERA-VITA\* capsules, supplies the concentrated power necessary for effective results in cases of hypovitaminosis.

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for large doses of the vitamins either as a therapeutic measure or as a corrective supplement in dietary insufficiency.

*Thera-Vita* therapeutic multivitamin capsules are easily swallowed, tasteless, and well-tolerated.

Each THERA-VITA multivitamin capsule contains:

Vitamin A (liver oil conc.) .....	12,500 U.S.P. Units
Thiamine Hydrochloride (B <sub>1</sub> ) .....	10 mg.
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## SOFTENING AGENT *in Constipation...*

### KONDREMUL

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An Irish Moss-Mineral Oil Emulsion—creamy in appearance and consistency, and completely devoid of oiliness, **Kondremul** presents no difficulty of administration. May be taken plain or mixed with water, as desired.

With the three types of **Kondremul** it is possible to carry out a specific regimen in the treatment of constipation.

**KONDREMUL Plain**

**KONDREMUL with non-bitter Extract of Cascara\***

**KONDREMUL with Phenolphthalein\*** (2.2 grs. phenolphthalein per tablespoonful)

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BOSTON MASS.

untrue; it is certainly not based on the constitution or by-laws of the association, or on its literature, or on the spoken word of any of its official representatives.

Members of the AAPS reserve their inalienable right to determine under what conditions they will give their services. But they will never refuse to care for any sick person regardless of race, creed, or economic status. People who can pay will do so on the usual fee-for-service basis; those who cannot pay will be treated gratis as they have always been.

The AAPS is dedicated to the extension of good medical service to all the people.

Long before Fishbein would accept the proposition, it advocated voluntary prepaid medical service to those who may be faced with catastrophic illness and to those in the low-income group. What is bothering Fishbein is the fact that the AAPS has been a potent factor in awakening the AMA from its blind and stubborn economic tradition.

Harold T. Low, M.D., President  
Association of American  
Physicians and Surgeons  
Pueblo, Colo.

### *Roger*

As a physician-veteran who has returned to private practice, I congratulate you on your excellent "Demobilized Doctors' Handbook." It is concise and clearly written and contains all the information needed by the physician returning to civil practice. I cannot recall having made a better investment.

Henry R. Large, M.D.  
Rochester, Minn.

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A NUTRITIOUS TONIC  
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# AMINO-CONCEMIN

VITAMIN B COMPLEX, IRON and AMINO ACIDS



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FLAVOR

The delightful winey flavor of Amino-Concemin is an extraordinary taste accomplishment in a product containing amino acids, liver and iron. Most patients find it particularly pleasant mixed with milk, fruit juice, or water.

Contains elements essential to rapid rebuilding of the convalescent, in a delightful wine-flavored base. Provides a desirable multiple stimulation to recovery, in convalescence, anemia, and other debilitated states, by supplying:

- ① **B COMPLEX**—high potencies of the established B vitamins, plus the whole B complex from liver, rice bran and hydrolyzed yeast;
- ② **IRON**—to counteract the accompanying hypochromic anemia;
- ③ **AMINO ACIDS**—15% enzymatic yeast hydrolysate containing supplemental amounts of the 10 essential amino acids, plus other amino acids and polypeptides . . . for readily available extra nitrogen and stimulation of vitamin assimilation and hemoglobin formation.<sup>1,2</sup>

**FORMULA** Each 45 cc. (average daily dosage) contains:

Protein hydrolysate (45% amino acids) . . .	6.75 Gm.
Thiamine hydrochloride . . . . .	3.0 mg.
Riboflavin . . . . .	2.0 mg.
Niacinamide . . . . .	15.0 mg.
Pyridoxine . . . . .	1.0 mg.
Peptonized Iron, N. F. . . . .	0.4 Gm.
Liver, B complex fraction . . . . .	0.5 Gm.
Rice bran extract . . . . .	0.5 Gm.

**DOSAGE**—15 cc. (approximately 1 tablespoonful) three times daily, preferably with or before meals. Children proportionately less. Larger amounts in pronounced deficiency states.

Available at prescription pharmacies in pints and gallons.

- 1. Jacobson, M.: Preliminary report on the combined effects of vitamin B complex with amino acids. N. Y. State J. Med. 45:2079-2080 (1945).
- 2. Ruskin, S. L.: The role of the coenzymes of the B complex vitamins and amino acids in muscle metabolism and balanced nutrition. Am. J. Digest Dis. 13:110-122 (1946).

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One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.



A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, coconut oil, corn oil, and fish liver oil concentrate.

**SIMILAC** } **SIMILAR TO BREAST MILK**

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SYMBOLS OF SIGNIFICANCE



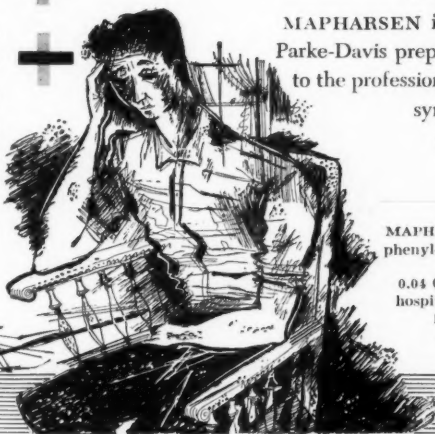
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MAPHARSEN is one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of significance in medical therapeutics—  
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MAPHARSEN (3-amino-4-hydroxy-phenyl-arsineoxide hydrochloride) in single dose ampoules of 0.04 Gm. and 0.06 Gm.; boxes of hospital size ampoule of 0.6 Gm. 10 ampoules. Multiple dose,

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"The feature picture? Starts about nine. Pretty good, too."

"I see Dr. Henry is still in his office."

ES . . . that's Main . . . where Elm runs into it. And that's the main stream of our national life where the products of the field, factory and laboratory funnel through the shops to the homes of the happiest—and healthiest—people on earth.

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Thanks to the community physician, there is no gap between the medical laboratories and the health needs of Main

and Elm. The American practitioner, trained in freedom's tradition and alert to the new, sees to that. He is the bridge between the laboratory and the patient.

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IN the scientific Ciba laboratories at Summit, New Jersey, we produce many of the fine pharmaceuticals of today. But even our medical scientists would be helpless in bringing their discoveries to bear on our national health—were it not for the practitioner's spirit of free inquiry . . . unfettered initiative.



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## National "Center-of-Beam" Headlight

This patented Headlight is the preferred instrument because it provides an abundance of light for every possible diagnostic or surgical procedure.

The National "Center-of-Beam" Headlight provides intense illumination with no outside light source to adjust. It can be instantly focused for diverging, parallel or converging light rays; and it provides for direct lighting by removing the reflecting mirror.

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**SYMPATOL**, a synthetic sympathomimetic, acts on the heart and vascular system to provide a "boost" to peripheral circulation... produces definite subjective improvement with virtual freedom from anxiety, psychic excitation and other manifestations of central nervous system stimulation.

# Sympatol\*

*To improve peripheral circulation*

**THERAPEUTIC APPRAISAL:** Orally effective, Sympatol raises venous and systolic pressures significantly, diastolic pressure only slightly; shortens circulation time, increases cardiac and minute volume output; increases cardiac efficiency; frequently slows the pulse rate.

**INDICATED** for the symptomatic treatment of circulatory atony associated with hypotension, convalescence, mild collapse, and other asthenic states.

**DOSAGE:** *Adults*—1 to 3 tablets three times daily, or 1 or 2 cc. of solution every 4 to 6 hours. *Children*—5 to 20 minims of solution as required.

**SUPPLIED** in 100 mg. tablets, bottles of 50; 10% solution (100 mg. per cc.), bottles of 30 cc.; both for oral use.

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# ANGIER'S EMULSION (Improved)

*... therapeutically modernized*

**COUGH DUE TO COLDS**, excessive smoking or dust inhalation can be effectively relieved by this improved, balanced formula that is free from sugars, alcohol or habit-forming drugs . . . and will not produce gastric upset nor impair the appetite.

**THE COMPONENTS OF THIS IMPROVED FORMULA** evidence its marked therapeutic efficacy—

Each fluid ounce contains 2 minims Chloroform, 4 grs. Ammon. Chloride, 4 grs. Potass. Guaiacol Sulfonate, 4 grs. Cocillana, 8 grs. Sodium Citrate, 1/5 gr. Menthol, in an emulsion of refined Petroleum, Gum Acacia, Glycerine, Hypophosphites of Calcium and Sodium, Sodium Benzoate, flavoring agent and water.

**FOR OPTIMUM RESULTS**—the following widely employed dosage is suggested. The Emulsion may be administered undiluted or mixed with water (hot or cold), milk or other suitable vehicle.

**ADULTS:** 1 or 2 teaspoonfuls every two hours, between meals.

**CHILDREN:**  $\frac{1}{2}$  or 1 teaspoonful every two hours, between meals.

**WRITE FOR CLINICAL SUPPLY FOR YOUR PERSONAL EXAMINATION.**

Taste its palatable flavor. Note its safety-factor in infant, aged or diabetic patients. The gentle laxative action of its high viscosity mineral oil content offers further benefits worthy of consideration.

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## *Sidelights*

Physicians who have that exophthalmic look as a result of poring over uncollected accounts during the last depression can feel a certain kinship with the Green Valley (Ohio) Grocery. In a plaintive note to local citizens this food emporium says:

"All persons indebted to our shop are requested to call and settle. All indebted to our shop and not knowing it are requested to call and find out. Those knowing themselves indebted and not wishing to call are requested to remain in one place long enough for us to catch them."



The next version of the Taft Health Bill, scheduled for introduction before the new Congress, will be, in one sense at least, a compromise: It will not prescribe a single Department of Health under a physician-director with Cabinet rank.

Senator Robert A. Taft does not believe that a bill similar in that respect to the 1946 draft would succeed. "If we could pass a bill establishing a single Department of Health," he says, "we would also have to set up separate departments of welfare and social security.

"When I reintroduce the Taft Health Bill, I will still provide for a separate national health agency, leaving the question of a new department to be fought out inde-

pendently. In such a department, I would insist that the division of the department dealing with health be substantially independent, although it would report to the Secretary of Health, Welfare and Education instead of directly to the President."

Medicine does not want a physician-director of health subordinate to a lay superior. But practical politics may make this the only workable expedient.



We're indebted to the Greene County Medical Society for turning up a before-and-after classic.

Label on Lydia Pinkham's Vegetable Compound before the Pure Food and Drug Act: "A sure cure for Prolapsis Uteri, or falling of the womb, and all Female Weaknesses, including Leucorrhea, Painful Menstruation, Inflammation and Ulceration of the Womb, Irregularities, Floodings, etc. Pleasant to the taste, efficacious and immediate in its effect. It is a great help in pregnancy and relieves pain during labor. For all weaknesses of the generative organs of either sex, it is second to no remedy that has ever been before the public; and for all diseases of the Kidneys it is the greatest remedy in the world."

Same label after editing by the Food and Drug Administration: "Recommended as a vegetable tonic

**Biliary  
CONSTIPATION  
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DYSPEPSIA  
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INDIGESTION  
Biliary  
ANOREXIA**

So specific is TOROCOL in relieving many cases of bile-deficiency constipation, persistent indigestion, abdominal distress, anorexia and intolerance to certain foods that

**THERAPY is often  
DIAGNOSTIC**

Relief following Torocol\* therapy signals an inadequate bile flow . . . and calls for continued administration of these small, easy-to-take tablets. Two mild evacuants in Torocol help its pure bile salts to maintain bowel regularity.

**Torocol**

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WRITE FOR SAMPLES  
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THE  
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MICHIGAN

**Torocol**

For The  
Stagnant  
Gallbladder  
Gentle Laxative  
and Choleric

in conditions for which this preparation is adapted."



Hospitals often talk about medical audits. Few have created as complete a box-score system as New York's Woman's Hospital. This audit, based on 7,500 similar cases going through the hospital each year, provides a close check on the quality of each physician's work. Once a year an outside agency is called in to figure the results. It shows in graph form each M.D.'s patient load, his morbidity and mortality rates. Dr. Karl Klicka, director of that hospital, calls it "a good contribution toward control of the medical staff."



"... The ironclad censorship of medical ethics prevents publication of the names of the doctors responsible for this new boon to suffering humanity. To all except the medical profession, this hush-hush policy seems silly . . ."

That editorial dig in a local newspaper spurred the San Francisco County Medical Society to action. Ten physicians were brought together for a hair-down session with ten newspaper executives. The doctors explained medical ethics. The newspapermen explained their position. Out of it came this solution:

The society's executive secretary would set up a Medical News Bureau, through which all newsmen's queries about scientific discoveries, two-headed babies, and obscure diseases would be channeled. The secretary would contact the doctor best qualified to respond, then relay the information to waiting reporters. The physician's anonymity

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Enclosed herewith is ☐ check; ☐ money order; in the amount of \$6.75 in full payment. ☐ Send C.O.D. It is understood that if, for any reason, I return this system within 20 days after I receive it, you will refund me \$6.75 at once.

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*If you prefer, order through your local Medical, Surgical or Dental Supply Dealer.*



**A**BERRATIONS of the menses are among the most common complaints for which female patients seek professional advice.

Ergoapiol has long been recognized as a highly efficient emmenagogue. Its unique inclusion of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) assures a balanced action—synergized by the presence of apiol (M. H. S. Special), oil of savin, and aloin. By helping to induce pelvic hyperemia, and stimulating smooth, rhythmic uterine contractions, Ergoapiol often provides welcome relief in many cases of functional disturbance.

It also constitutes a desirable hemostatic agent to aid in the control of excessive bleeding. And, as an oxytocic, it is frequently of benefit in facilitating involution of the postpartum uterus.

For a full discussion, send for copy of the booklet "The Symptomatic Treatment of Menstrual Irregularities."

#### INDICATIONS

Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, in obstetrics.

**Dosage:** 1 to 2 capsules, 3 to 4 times daily.

**Supplied:** In ethical packages of 20 capsules.

**MARTIN H. SMITH COMPANY**  
150 LAFAYETTE ST. NEW YORK, N. Y.

Ethical protective  
only when capsule is



mark, M. H. S., visible  
cut in half or so on.

# ERGOAPIOL

THE PREFERRED UTERINE TONIC

would be preserved. Newshawks would have an authoritative opinion ready to print.

San Francisco's Medical News Bureau may not be the best answer to medical press relations. But until a better one comes along, it offers a good hint to many a unit of organized medicine.



"Get away from that conventional, stiff, drab, formal office," says the Medical Woman's Journal. And when the girls get away from something, they really get away. Their decorating tips for progressive pediatricians are going to make the working quarters of the average male seem pretty drab. For example:

"Choose a pretty shade of paint that will be easy on the eyes, such as pink . . . If you have several different colors, go right ahead and use them all . . . Try sitting at a desk whose panels are filled with people from Mother Goose . . . Let your narcotic certificate be framed in a wreath of roses . . . Bright, cunning little transfers can be scattered with a generous hand over furniture and walls . . . You can cover the upholstery with one of the new waterproof materials that come in the cutest designs . . . Stripe the legs of the examining table like a barber pole . . . Brighten the corners of the instrument cabinets with a shower of hearts, stars, or snowflakes."

If women doctors begin to popularize these ideas, the journal says knowingly, it won't take long for the men to follow suit.



Though often on intimate terms

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# THE RELIEF ROLE OF "MOIST HEAT"

MANY authorities advise the use of moist heat in the form of poultices for relieving the following symptoms when present in affections of the respiratory system:

- COUGH
- RETROSTERNAL TIGHTNESS
- MUSCULAR AND PLEURITIC PAIN
- SORENESS OF THE CHEST

Antiphlogistine as a medicated

poultice provides a convenient method for applying moist heat for prolonged periods.

Antiphlogistine is valuable as an adjuvant in the symptomatic treatment of Bronchitis, Tracheitis, Chest Colds, Tonsilitis, Pneumonia, Pleurisy.

Antiphlogistine may be used with Chemo-therapy.

Formula: Chemically pure Glycerine 45.000%, Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.864%.

THE DENVER CHEMICAL MFG. CO., INC.  
New York 13, N. Y.



## Antiphlogistine

## To accomplish a soothing, subjective sensation of eye comfort

DRUG SOLUTIONS introduced into the conjunctival sac have their effect modified by a number of factors. Among these factors, the following three must be considered:

1. Immediate dilution of the solution by tears present in the sac.

2. Precipitation of the drug substance present in the tears or conjunctival sac—or its chemical union with such substance. This is especially important in the presence of highly albuminous secretion, as may be seen by the white precipitate of silver albuminate formed when silver nitrate is applied to the lids covered with a purulent secretion. Such combination, of course, renders most of the drug inactive.

3. Most important of all factors is the reaction of tissue and tears with the solutions employed. It has been shown that the reaction of commonly used collyria is the chief factor in irritation felt when they are introduced into the sac. Reaction of solutions is far more important than their osmotic pressure. Normal conjunctival secretion has a reaction of 7.2 to 7.4. In certain forms of chronic irritation or conjunctivitis, the pH varies from 6.8 to 6.9. Mere installation of an alkaline collyrium is sufficient to allay symptoms of irritation.

A simple form of buffer solution is an ideal medium for eye drops. An alkaline solution is less irritating and is a suitable medium for certain drugs. An alkaline buffer solution alone is a non-irritating collyrium suitable for cleansing. Because of its proper pH, it reduces shock and increases effectiveness.

*Murine, a modern isotonic collyrium, meets every one of the above desiderata. In addition, Murine is isotonic with the tears and is a truly buffered solution. Combined in Murine's formula are the following ingredients: Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerine, Hydrastine Hydrochloride, "Merthiolate" (Sodium Ethyl Mercuri Thiosalicylate, Lilly), .001%, combined with sterilized water. This all makes for a soothing, cleansing, and still uniquely therapeutically effective preparation for minor irritations of the eye.*

**THE MURINE COMPANY, Inc.**  
660 NORTH WABASH AVE., CHICAGO 11

with death, many physicians pay little attention to their wills. Four good reasons for turning over a new leaf are to be found in a legal case history from the St. Louis Union Trust Co. Because the man concerned left an estate but no will, here's what happened:

¶ His administrator was required to post a bond of double the property's value. The annual bond premium was an extra and avoidable expense.

¶ Since part of his estate went to minor children a guardian had to be appointed. The guardian had to post a bond. Premiums used up about 20 per cent of the children's income.

¶ The portion of the estate that went directly to the wife added to the substantial share she already owned, making her estate tax and inheritance taxes needlessly high.

¶ Although the deceased had planned to leave his estate in trust, it went outright to his family. The burden of management was thrown on people with no specialized investment training.



The Journal AMA, as we thought it would, wagged a finger in Tonics and Sedatives at a September MEDICAL ECONOMICS article headline, "New Tricks for Old Bags." This pleased our headline department no end, for it wears out many a lead pencil trying to be both informative and provocative. Two days later, though, the department was plunged deep into despondency by reading a headline that plainly put our idea-men back in second place. Said an advertisement for the M.W. School of Taxidermy: "Let Us Teach You How to Mount Birds."

TO THE MOTHERS WHO SAY, "MY CHILD WON'T EAT VEGETABLES!"



## RECOMMEND DELICIOUS KNOX DISHES MADE WITH VEGETABLES!

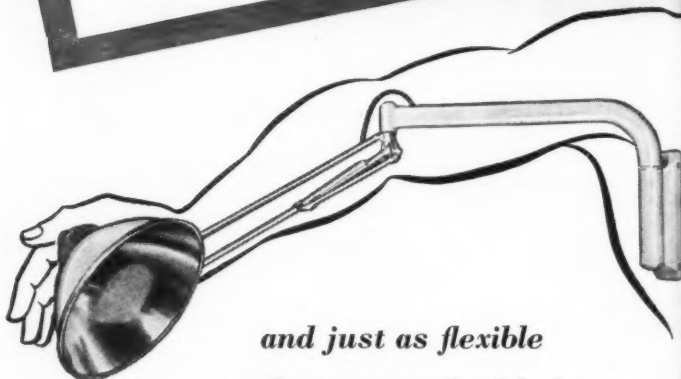
To paraphrase an old adage, "You can lead a child to a vegetable, but you can't make him eat!" That's why so many doctors recommend vegetable dishes made with Knox Gelatine. You see, Knox dresses up vitamin-rich vegetables in such a delicious fashion, children will eat them right down to the last bite.

Next time a mother poses this problem, give her the new Knox Gelatine booklet "Knox Recipes Children Love." We'd be delighted to send you as many copies as you can use. Write to Knox Gelatine, Dept. 448, Johnstown, N.Y.

**KNOX GELATINE** ALL PROTEIN, NO SUGAR



**Like a Third Arm . . .**



*and just as flexible*

to adjust your operating light for the projection of the color-corrected beam at any angle. You can move the Pelton E&O Light up or down, in or out, from side to side at a touch of the hand. Excellent anywhere, it's particularly desirable where floor space must be conserved. See the Pelton E&O Light at your dealer's, or write for complete details.

**PELTON**  
PROFESSIONAL EQUIPMENT SINCE 1900  
THE PELTON & CRANE CO., DETROIT 2, MICH.

# BALANCE



## ... Is Vitally Important In COPPER-IRON THERAPY

To normalize hemoglobin levels quickly and surely, use preparations that supply iron and copper *in proper balance*. Utilization of iron in hemoglobin regeneration depends upon copper. Copper is essential to catalyze this reaction. Reliance upon foods for essential copper as a natural contaminant is haphazard and not positive therapy. Copper-iron compounds licensed by the Wisconsin Alumni Re-

search Foundation, and bearing its seal, are always combined in proper ratio and amount. Dosage is smaller because the iron is utilized more efficiently. Gastrointestinal disturbances are absent or rare because of the smaller amount of iron necessary when balanced with copper. This insures patient cooperation. Why not prescribe Foundation-approved Copper-Iron Compounds for your nutritional anemia cases?



M.M.—10-46

**Send for these Free Booklets**

Please mail me your booklets on hemoglobin regeneration. ME-12-46

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZONE \_\_\_\_\_ STATE \_\_\_\_\_



**WISCONSIN ALUMNI Research FOUNDATION**  
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# RAY-FORMOSIL

## FOR THE TREATMENT OF

# ARTHRITIS and

# RHEUMATISM

**73% BENEFITED**  
 In one series of clinic-treated cases of atrophic, hypertrophic and mixed arthritis—with best results in hypertrophic and fibrositic types.

Ray-Formosil for intramuscular injection is a clinically proved, effective treatment in most cases of Arthritis and Rheumatism. It is a non-toxic and sterile, buffered solution containing in each cc. the equivalent of:

*Formic Acid*..... 5 mg.  
*Hydrated Silicic Acid* ..... 2.25 mg.

Descriptive clinical literature will be furnished upon request.

*If your dealer cannot supply you, order direct. 1 cc. Ampuls—  
 12 for \$3.50; 25 for \$6.25; 100 for \$20.00.*

*A Quarter Century Serving Physicians*

**RAYMER PHARMACAL COMPANY**  
 PHARMACEUTICAL MANUFACTURERS, PHILADELPHIA 34, PA.



# Your Newest Patients Appreciate Foods With Fine Flavor, Color and Texture

**PRESCRIBE HEINZ BABY FOODS  
FOR THEIR ENJOYMENT**

NOBODY knows, better than the doctor does, the importance of starting baby on foods which have appealing flavor, color and texture. Heinz Baby Foods—Pre-Cooked Cereal, Strained Foods and Junior Foods—rate high on all three counts. And they're backed by one of the oldest and finest quality traditions in the food industry.



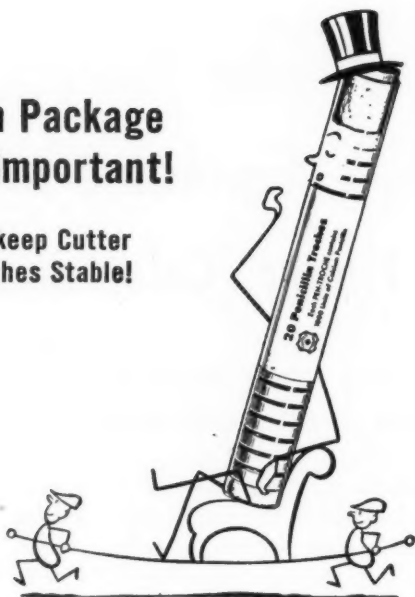
**HEINZ  
BABY  
FOODS**



57

## Imagine a Package Being So Important!

... Just to keep Cutter  
Pen-Troches Stable!



**Water—even atmospheric moisture—is “poison” to penicillin stability.**

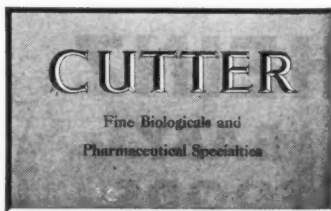
That's why you'll find Pen-Troches available only in sealed, moisture-proof vials, never in bulk. Massed without water, they're also sealed against water. And prescribed in the original convenient vial, they reach your patients fully potent.

Further, you can depend on slow-dissolving Pen-Troches to maintain an adequate high penicillin level in the saliva for over two hours—

promoting rapid relief of pain and control of symptoms.

A most practical and convenient method of treating oral penicillin-sensitive infections? Certainly! Try Pen-Troches, won't you?

Cutter Laboratories, Berkeley, California  
Chicago • New York



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# Editorial.

## Government Medicine? Sure!

When a layman asks his doctor's opinion of government medicine, should the doctor say:

(1) "The idea is sponsored by a bunch of radicals. It would lead to collectivism and regimentation. I want no part of it."

Or should he say: (2) "I'm opposed to any more paternalism in medicine. It would disrupt professional standards. Prepayment medical care plans can do the job without help from government."

Or: (3) "I believe voluntary health insurance should be available to everyone. Those who want and can afford it should pay their own premiums. Those who can't afford it should have their premiums paid wholly or partly by government."

It would be difficult to convince many laymen with the first reply. Some people at the mention of Franklin D. Roosevelt's name used to hit the roof. Their point of view was unmistakable, but it is doubtful that they made many converts by their onesidedness.

The patient who gets the second answer quoted will listen thoughtfully. But there is still danger of his regarding the doctor as a standpatter. Raymond Rich, AMA public relations counsel, points out that "the most urgent task for medicine

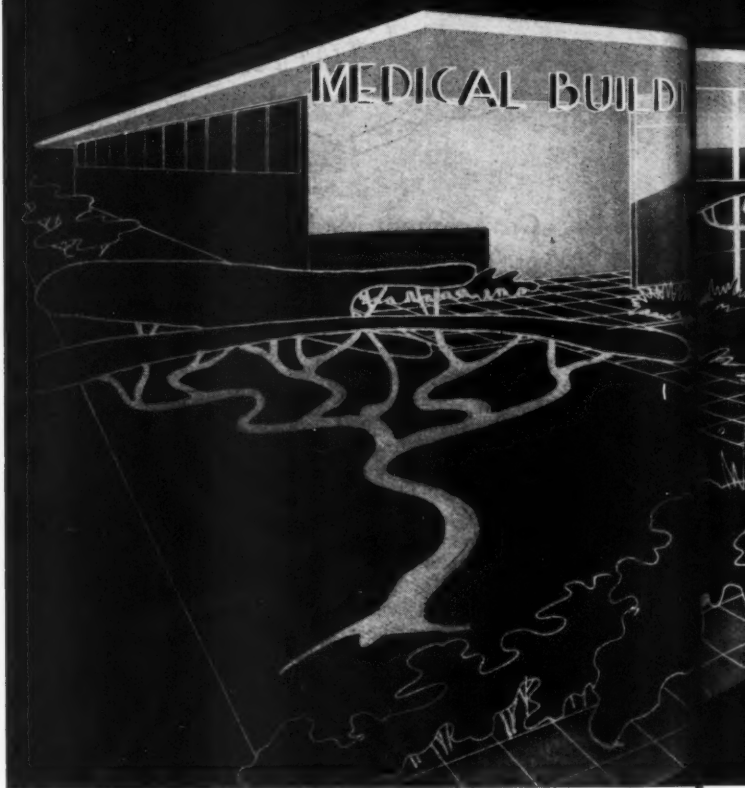
today is the extension of adequate medical care." To say that voluntary prepayment plans can do the job without government aid is pure exaggeration.

The third answer is the right answer. There is a place for government in medicine. We have seen the useful work done by the Public Health Service. We have watched the success of the Veterans' Administration's home-town-care program. Many of us favor expanded aid for the medically indigent. The important thing is how it's handled. Such aid need not undermine private medical service.

The question of government medicine is not *whether*, but *how much*. Many doctors understand this. Many laymen don't—and should. Clarifying medicine's position is an obligation of the physician whenever he talks with people: in his consultation room, on the street, at social gatherings.

Too much negation and not enough clarification could do much for the cause of Wagner, Murray, and Dingell. So if a layman asks about government medicine and the doctor feels an "I'm agin it" welling up, let him hold everything.

Government medicine? Sure! Just show people where to draw the line. —H. SHERIDAN BAKETEL, M.D.



## Raphael Soriano Designs a Unique Ne

Although designed for an ENT specialist, this building plan can be adapted for use by almost any physician. The layout is flexible. Practically all interior partitions are nonbearing; rooms can therefore be rearranged at will. A central core that houses the utilities, laboratory, sterilizers, and medical supplies,

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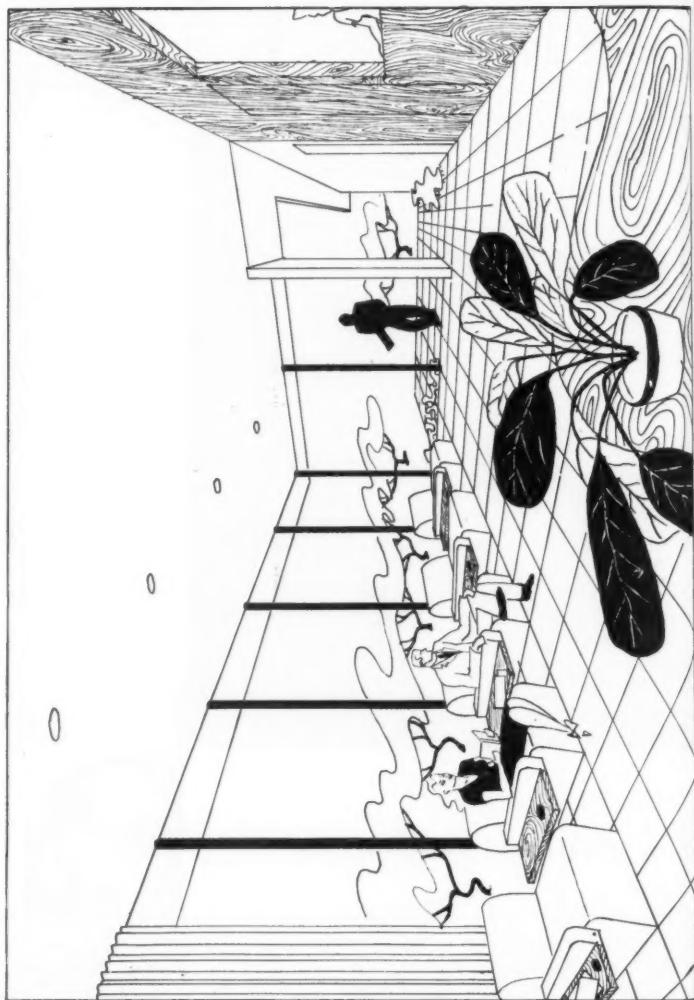
## ue New Professional Office

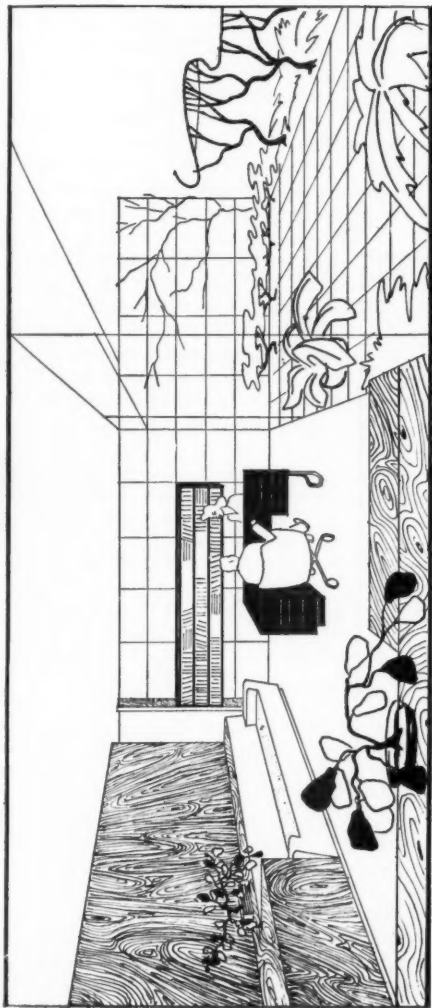
uild- is so located that it will serve efficiently any  
 ysi- room arrangement (see page 52).  
 erior

The perimeter of the building is prac-  
 tically all glass. This gives natural light and  
 cheerfulness to each room. At the same  
 time it facilitates shifting rooms around,



Mr. Soriano is one of the country's most eminent architects. He planned this building expressly for readers of Medical Economics





The reception room (top) of the Soriano-designed medical building measures only 20 feet in length, but glass walls make it appear much larger. Patients enter the room via an attractive patio and garden. Inside, they sit in chairs that have individual, built-in end tables. The consultation room (bottom) reflects the same bold use of glass for maximum natural lighting. The room's dimensions are 10 feet by 15 feet. From the consultation room the patient can proceed directly to treatment rooms without reentering the reception area. A room arrangement for an ENT practice is shown on the following page.

since there are no pilasters and few walls to get in the way.

The reception room has a solid wall of glass, opening onto an enclosed patio and garden. These, in good weather, add extra waiting space for patients.

The doctor's consultation room, similarly, has its own terrace just outside the floor-to-ceiling glass wall. The net effect is a pleasant

garden-variety atmosphere for talks with the patient. The doorway between the consultation room and terrace assures privacy when the physician enters or leaves the building by that means.

The nurse in the business office is able to control patient circulation without confusion and with a minimum of haphazard walking. The business office is also placed to allow the outgoing patient to stop at the nurse's station and then leave the building without passing through the reception room.

The design calls for ceilings of acoustical tile, floors of asphalt tile, and natural wood paneling. Potted plants are used in abundance to complement the visible outdoor landscaping.

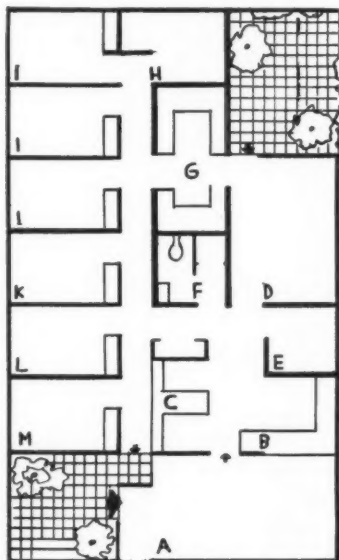
The plan is designed to fit any standard lot. An identical unit for another doctor may be added to this building on the same lot without impairing either privacy or efficiency.

The building is 53 feet long and 31 feet wide. It contains 13,300 cubic feet of space. In California it would cost about \$10,000 to build.

This building, designed especially for MEDICAL ECONOMICS, will seem radical at first glance. But the type of architecture it reflects is gaining increasing favor. Modern construction materials make the building suitable for the brisk climates of Illinois and Massachusetts as well as for semi-tropical California or Florida.

Some physicians will object to the large sign over the doorway. While the lettering is used to bind the sketch together, the sign could be eliminated from the actual building.

—RAPHAEL S. SORIANO



For an ENT layout, the rooms are designed for use as follows: (a) reception; (b) records; (c) nurse's station; (d) consultation; (e) audiometry; (f) toilet and dressing; (g) laboratory; (h) diathermy; (i) treatment; (k) children's treatment; (l) allergy; (m) recovery. This layout and design are typical of Mr. Soriano's work and of his extensive contributions to the architectural press.

## Results of State Medicine Abroad Not Relevant, Says Butler

*Coverage in England, social conditions  
in Germany nullify comparison*



[EDITOR'S NOTE: In every debate over compulsory health insurance, you're likely to hear a statement something like this: "If Federal medicine came to this country, results would be no more satisfactory than in Germany. And look at what happened in England." Many have come to accept it as a foregone conclusion that these two countries have proven that compulsion will not work. Dr. Allan M. Butler, professor of pediatrics at Harvard Medical School, holds a different opinion. Though Dr. Butler's health insurance views are contrary to those of MEDICAL ECONOMICS', the editors believe his viewpoint should be aired.]

It is invalid to apply the commonly used arguments that the effects of compulsory insurance on medicine in England and Germany show that such insurance is undesirable in the United States.

Government insurance in England has been concerned primarily with such medical care as could be rendered in a doctor's office and it provided no coverage for dependents. Thus it attacked the problem in a totally inadequate fashion. It is recognized as a failure not only here but in England. This is evidenced

by the revision and extension being accomplished in England today. No one has ever suggested the application of a similar type of compulsory insurance in this country.

The English insurance has been so restricted in coverage that its experience provides little information pertinent to our consideration of legislation for a National Health Program. The experience of England is not in any way applicable to what might happen under the types of compulsory insurance that have been suggested as appropriate for the United States. Incidentally,



Allan M. Butler, M.D.

much of the information concerning English insurance that has appeared in our medical journals has been so misleading that officials of the British Medical Association have been forced frequently to protest.

In Germany, compulsory insurance began before 1900. The success of German medicine up until 1916 was such that it was admitted by all people to be superior to the medicine provided elsewhere. The great advances in American medicine that took place between 1912 and 1922 were largely the result of our study of German medicine.

However, the experience of Germany does not provide a basis for an accurate forecast for this country. Compulsory insurance in Germany was introduced by a totali-

tarian and paternalistic government in a country that had no tradition of democracy. Moreover, while compulsory insurance was in effect, Germany suffered defeat in the war of 1914-1918, inflation, bankruptcy, and revolution. The revolution merely augmented the totalitarian aspect of the government.

The experience derived from compulsory insurance under such distressing political and economic circumstances is not pertinent to what may happen in this country with its strong tradition of democracy and representative government. Here, at least for the moment, we have not suffered from an inflation which resulted in bankruptcy and revolution.

—ALLAN M. BUTLER, M.D.



"THAT'S WHAT HE ALWAYS WEARS WHEN HE DOES AN EXPLORATORY!"



## Auto Priorities for Physicians

*A report on your chances to obtain  
a new car in the near future*



Need a new car urgently? Then face the facts: While your dealer may give you a priority, it's also possible that he may not. If he doesn't, your only other source is the black market.

If you can wait, put your name on the special lists of veterans and doctors that some dealers maintain. Results won't be immediate, but you may get at least *some* preference. If your present car still has mileage left, even though it's shabby, don't order another now. Let some colleague whose need is more urgent receive *his* car first.

MEDICAL ECONOMICS has just completed an inquiry into the automobile situation, and the results are disheartening. There is little prospect of real relief before 1948. Cars will come off the assembly lines in increasing quantities during 1947 (barring a new wave of strikes), but demand will continue to exceed supply. The black market will be open for business as usual.

Dealers, of course, shrug off any suggestion of a black market. One of them, who has headed an agency for many years, said, "Would you believe me if I told you I haven't made a dollar in the black market? Of course you wouldn't. And that's the trouble. Even the conscientious men are inclined to feel, 'We have

the name, why not the game?'"

Many dealers are honest and above-board. They deliver cars strictly according to rotation of orders. They give preference to veterans, physicians, and essential users. None the less, doctors are growing cynical. Many must travel afoot or pay for taxicabs while their neighbors who use cars for pleasure seem able to get new ones.

Complaints are directed not only against retailers and the black market, but also against manufacturers who have failed to earmark a percentage of cars for sale to physicians only and then enforce the ruling. Some medical men feel resentment toward the AMA House of Delegates for having tabled a resolution that the AMA get together with car manufacturers to work out a priority system.

This reporter asked several manufacturers the questions, "Have you done anything to ease the situation? Do you plan to do anything?" They replied, in effect: "We are in the business of making cars, not retailing them. We can suggest a quota system to our dealers but we cannot impose one on them. On the whole, we think they are doing a fair job of distribution."

The Ford Motor Company says it instituted a voluntary rationing

program when postwar distribution began and that its dealers are adhering to it. This is demonstrated, says the company, by a recent survey which indicated that Ford, Lincoln, and Mercury cars were being released to essential users in the following percentages:

Veterans (including physicians) .....	32.1%
Business institutions ....	19.1
Essential workers .....	17.3
Physicians (non-veterans) ..	6.2
Governmental (all levels) ..	3.2
Public utilities .....	2.8
Police and fire chiefs ....	2.4
Public officials .....	2.1
Nurses .....	.7
Miscellaneous .....	14.1

100.0%

Hudson is noncommittal: "We feel that our distributors and dealers have been very fair in looking after veterans and we have continually urged that this be done. With the number of unfilled orders our dealers have on hand among customers of long standing, we do not see how anything further can be done."

Studebaker says: "Before we resumed production we urged our dealers to use extreme care in accepting orders and to keep in mind that many men in the armed forces, including doctors, would need cars to earn a living upon returning to civilian status. We feel that Studebaker dealers have done a good job in that respect . . . The dealer is in a much better position than we are to judge who in the community is entitled to the limited number of cars we can produce."

General Motors is convinced, on the basis of distribution studies,

that its dealers are doing a good job. But it is also willing to try to assist physicians who feel that there have been unnecessary delays in delivery. The company suggests this procedure: (1) Place your order with an authorized dealer for the make of General Motors car you want (Chevrolet, Oldsmobile, Pontiac, Buick, or Cadillac). (2) If you have difficulty in obtaining a car, write to the general sales manager of the car division (Buick, Pontiac, or other), explaining your need for a new car, giving the name and address of the dealer with whom you placed your order, and specifying the date of the contract.

"We are confident," says the parent company, "that within the limitations of production, the general sales managers of the car divisions will do everything possible to assist any physician-veteran who has urgent need of transportation. In his interest we suggest that physicians who have usable cars refrain from placing orders for new ones at this time."

Chrysler reports that it has been "encouraging dealers to extend special consideration to physician-veterans and doctors generally" and believes that "dealers have been doing so." But, it adds: "There is just no way of allocating products in a way that is pleasing to all those who want them. Any attempt to take care of a group on a special basis only aggravates the situation. Furthermore it would hardly be possible to stop with any one group, and as group after group received preference, orderly distribution would break down."

County medical societies in dif-

[PLEASE TURN TO PAGE 107]

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# Meet AMCP!

*An outline of the purposes and organization of  
Associated Medical Care Plans, Inc.*



Associated Medical Care Plans, Inc., is a non-profit organization incorporated under the laws of Illinois. An AMA-sponsored agency designed to coordinate all voluntary health insurance programs which are operated by or approved by organized medicine, it will neither supply medical services nor engage in the insurance business. AMCP's job is to "promote the establishment and operation of such non-profit, voluntary medical care plans throughout the United States and Canada as will adequately meet the health needs of the public and will preserve and advance scientific medicine . . ."

In effect, it is the equivalent to medical and surgical plans of the National Blue Cross Commission to hospitalization plans.

Inherent in AMCP's aims is the "recognition that state and local medical care plans should be autonomous in their operation." At present any medical-society-approved prepayment plan which meets and complies with the minimum standards established by the AMA's Council on Medical Service is eligible for full membership in AMCP. Associate membership is available to plans in the process of being organized and to any plan "unable during its existing system of organ-

ization to meet the standards . . ." There has been unofficial suggestion that AMCP make its standards for membership more stringent than simple approval by the Council on Medical Service. But there is no indication now that this will be done.

Commercial insurance carriers are not eligible for membership. The intent of AMCP's constitution is not to prohibit the acceptance of plans controlled by organized medicine and underwritten by such companies. (See "AMCP Faces Difficult Role in Prepay Plan Coordination," November MEDICAL ECONOMICS.)

Financially AMCP is designed to be a self-supporting agency. At present membership dues are its sole source of income. For full members, dues are five cents per 100 beneficiaries per month. The minimum payable is \$10 a month, the maximum is \$250. Associate members pay \$25 a year.

AMCP officers believe that the charter granted by the State of Illinois is broad enough to permit AMCP to conduct "a wide variety of activities. Many things which can and will be done to aid members cannot now be definitely stated." But AMCP's by-laws call for:

1. Compilation of statistics and

distribution of financial and service data to member-plans.

2. Public education on the scope and significance of the prepayment movement.

3. Encouragement of reciprocity among plans to facilitate enrollment of large, nation-wide groups (*e.g.*, members of farm organizations, employes of industrial and transport companies, and postal workers).

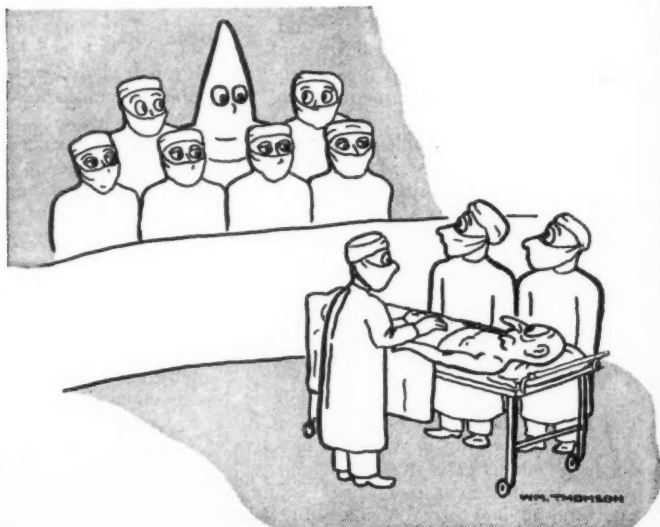
AMCP is governed by a nine-man commission. Three members are elected to serve three-year terms, three to serve two years, and three to serve for one year only. Seven of the nine are physicians. Chairman of the group is Dr. Edward J. McCormick, a member of the AMA's Council on Medical Service. (AMCP's by-laws require that three of the nine commission-

ers be chosen from the council's membership.) In effect, the commission is similar to a medical society's board of trustees.

In annual business meetings involving all members of AMCP, voting rights are restricted to full members. Each is entitled to one vote for every 25,000 beneficiaries enrolled. A maximum of ten votes is permitted; a minimum of one vote is guaranteed.

The corporation's officers, elected in October to serve one-year terms, are: Dr. L. Howard Schriver, Ohio Medical Indemnity, Inc., president; William Bowman, California Physicians Service, vice president; Dr. Norman Scott, Medical-Surgical Plan of New Jersey, treasurer; Jay Ketchum, Michigan Medical Service, secretary.

—NELSON ADAMS



# Pronunciation Quiz

By James F. Bender, Ph.D.

How do *you* pronounce these medical terms? Take your pick—then turn to page 148 for the answers. This is the second in a series of three quizzes. Capitalized syllables show primary accent, italicized syllables show secondary accent.

	A	B
1. dosimeter	doh SIM i ter	dahs i MEE ter
2. geriatrics	jehr i AT riks	juh RIGH uh triks
3. rationale	rash uhn AH li	rash uhn AL
4. syndrome	SIN drohm	SIN droh mi
5. phagocytic	fag oh SIT ik	faj oh SIGHT ik
6. hyperkinesia	high per ki NEE si uh	high per KIGH neesi uh
7. lanugo	luh NOO goh	LAN oo goh
8. theelin	THEE uh lin	THEE lin
9. jejunum	JEE joo n'm	ji JOO n'm
10. buccinator	BUHK i nay ter	BUHK si nay ter
11. caecum	SAY k'm	SEE k'm
12. feces	FEE seez	FES iz
13. trauma	TROH muh	TRAW muh
14. suppurative	SUHP yoo ray tiv	suh PEW ruh tiv
15. staphylorrhaphy	staf il AWR uh fi	stuh FIL uh ruh fi
16. splanchnic	SPLANGK nik	SPLANCH nik
17. sinistral	si NIS tr'l	SIN is tr'l
18. scabies	SKAB eez	SKAY bi eez
19. rheme	reem	raym
20. sacroiliac	SAK roh il i ak	say kroh IL i ak
21. protein	PROH tee 'n	proh TEEN
22. omphalic	AHM fuh lik	ahm FAL ik
23. maxilla	MAKS il uh	maks IL uh
24. pectoral	PEK tuh r'l	pek TAW r'l
25. hygienic	high ji EN ik	high JEEN ik

James F. Bender, Ph.D., is director of the National Institute for Human Relations. He wrote the NBC Handbook of Pronunciation, and Salesmen's Errors of Grammar. System of notation used by permission of Sales Training Publishing Co., Roslyn Hts., N.Y., publishers of Salesmen's Mispronunciations.



## Calculator



"Revitalize the Bureau of Medical Economics," the report of Raymond Rich & Associates had told the AMA. "Turn it over to a professional economist." In late September when the Board of Trustees announced its choice for the job, the nod had been given to a short, deliberate scholar who looks like John L. Lewis. Shaggy but soft-spoken Frank G. Dickinson would have recommended only two men to head the bureau, and "one was too old." This left FGD himself, who naturally concluded that he must be the man for the job. So did his family physician who got his name and qualifications before the Board of Trustees last August.

The long-time University of Il-

linois economics professor, now 47, brings an academic approach to his new task. (He was genuinely pleased when the bureau's name was changed to the Bureau of Medical Economic Research without instigation from him.) But his former experience as an industrial consultant has equipped him also with a practical and cooperative turn of mind. (He thoughtfully called each of the three big wire services to be sure they would not miss out on the announcement of his appointment in an AMA press release.)

The professor thinks in terms of five-year research projects dealing with such questions as "the ultimate effect upon physicians' total lifetime income of the age at which they enter the practice of medicine" and "the preparation and analysis of definitive morbidity statistics for various diseases."

"When we get through," he says, slapping his desk top, "that will be it. I hope they don't get impatient with me."

Mr. Dickinson—a Ph.D.—likes his new job but gets jangled nerves from the "square-wheeled" trolleys that clatter along Chicago's North Dearborn Street. He speaks wistfully of the quiet and greenery of the college campus.

Whether or not the bureau will tackle the everyday economic problems of the practicing physician, the new director doesn't know. He's busy now plowing through back issues of fifty-odd journals to get the feel of the profession. The long-range research he plans will require a large increase in his staff. A file clerk, a half-time stenographer, and a few hired-hands for his calculating machines are all he has now.

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## Odyssean

pretty well on tribal dialects," he says. "But at the Waldorf, my patients talk Arabic, Russian, French, Spanish, German—occasionally even English."

Dr. Jackson-Moore worked his way from the jungle to Park Avenue by filling in as ship's surgeon on fourteen different steamship lines. You'll find his Waldorf office just around the corner from Frank Sinatra's former suite. He handles forty patients a day, about 400 physicals a month. Current pressing problem: what to do about a long-time hotel resident who won't see the doctor in person but who phones daily for medical advice. When harrassed by such problems of civilized practice, Dr. Jackson-Moore feels pretty nostalgic about the jungle.

 From the land of the loin cloth to the land of the snood—that's the travel saga of James Jackson-Moore, resident physician at New York's gilded Waldorf-Astoria Hotel. It wasn't long ago that the peripatetic Irishman was sweating out a dozen operations a day on Benis in the West African jungle. Now his air-cooled clientele runs along the lines of Veronica Lake, Winston Churchill's family, Xavier Cugat's bandmen, U.N. representatives, and some 2,000 Waldorf employees. "In Africa I could get along

## PHS Assesses Voluntary Plans

*Report calls medical and hospital plans  
inadequate but worth supplementing*



How good are the medical profession's voluntary health insurance plans? Are they potentially capable of meeting national health needs?

Two years ago the U.S. Public Health Service decided it should have the answers. It began a survey which eventually covered all but one of the medical care plans then existing. Its final report, soon to be published, brings to physicians a significant outside appraisal of their efforts to extend prepaid medical care.

The major PHS conclusions:

¶ Prepayment plans sponsored by medical societies are "an important contribution" to the country's health and security; they are

beneficial to subscribers, to hospitals, to the medical profession, and, in some degree, to the general public.

¶ The plans alone do not have the potentiality of bringing adequate, comprehensive health service to the whole population. They need outside help.

¶ Any planning for national or state health must take existing prepay plans into account. "They could not suddenly be displaced or liquidated without considerable inconvenience to subscribers, hospitals, and the medical profession."

These findings were enumerated by Louis S. Reed, Ph.D., speaking for the PHS at the American Hospital Association's recent convention in Philadelphia. But Mr. Reed has considerably more to say. His summing-up of the PHS survey is both a thumbnail history of physician-backed prepayment and a forecast of its future.

"The movement to establish medical plans began, for all practical purposes, in 1939," Mr. Reed comments. "At first growth was slow. The medical profession was not greatly interested. But since 1943 the profession has shown great and increasing interest. Growth in number of plans and in

► Louis S. Reed, Ph.D., author of the report described here, is a Public Health Service economist. He formerly served the Committee on the Costs of Medical Care. Mr. Reed's book, "Health Insurance," published in 1937, called for "a system of state medicine with the service given by full-time salaried physicians, dentists, and nurses in the employ of government-controlled hospitals and clinics."



enrollment has accelerated. Within another two or three years hospital and medical plans probably will exist in all states. Operation of allied hospital and medical plans creates pressures leading towards their merger, and it's probable that in a few years most of these plans will be unified.

"The basic formula of the plans—now including non-profit status, free choice of physician, and the right of all qualified physicians in the area to participate—is sound and permits indefinite extension of enrollment. Those responsible for this truly amazing development have every reason to be proud of their accomplishment."

Mr. Reed adds some details in explanation of the "important con-

tribution" made by the medical profession's health insurance plans. "The plans are good for the profession because they facilitate service to the public," he says. "They tend to remove the financial element from the relationship between those giving and those receiving service.

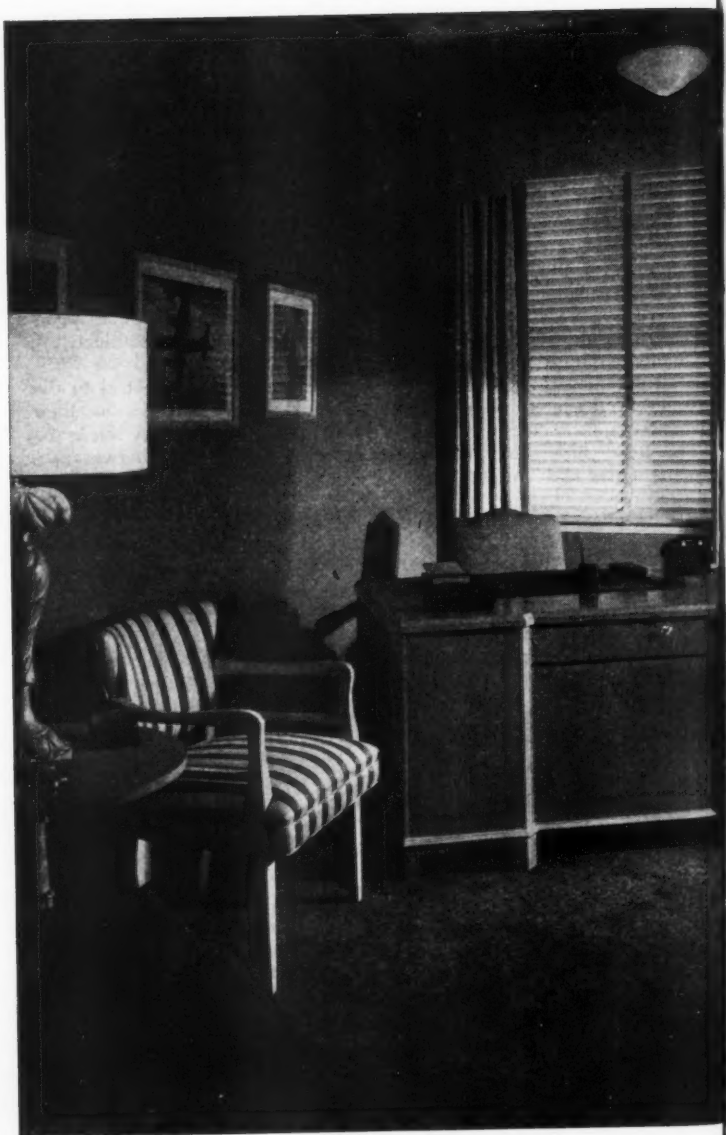
"Working under the plans, physicians are able to secure fair remuneration for their services from some people who would be able to pay little or nothing if they did not have this insurance. Such plans tend to increase and stabilize the profession's income.

"The plans are beneficial to the general public because, as their enrollment expands, they lessen the need for charity care otherwise pro-

[PLEASE TURN TO PAGE 144]



"NEVER MIND, DOCTOR, I FOUND MY ANSWER."



W. & J. Stoane

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# Creating a Congenial Atmosphere in Your Consultation Room

*A quick inspection may show you  
how it can be improved*



"I have a feeling that my consultation room does little to put patients at ease," says a physician just back in civilian practice. "My office is in an old building, and I was lucky to get it. But the setting isn't very conducive to relaxation. Can you give me a few pointers on how to achieve a congenial atmosphere?"

The answer is yes. And the pointers apply not only to physicians in old offices but to some in new offices as well:

## *Banish gloom!*

Your best desk-side manner won't click with the patient if he's hemmed in by dark surroundings or shrouded in the half-light of a 25-watt bulb. Either (1) light-hued walls or (2) dark walls relieved by a light ceiling and light furniture (see cut opposite) are what the decorator orders. He'll also suggest that you use lamps that provide indirect lighting.

## *Arrange furniture informally!*

You'll then have less trouble breaking down the patient's reserve. Consider his chair for instance. Is it placed so that he sits in front of your desk and must lean forward uncomfortably to hear you talk across a formal expanse of mahogany? Or does he sit beside your desk, where he's more at ease and where you can discuss matters

with him without talking at him?

## *Insure privacy!*

If the patient can hear voices from the reception room, he probably will hesitate to unburden himself. So make a check for sound leaks. Minor carpentry or acoustical work will often put a stop to them.

## *Keep the atmosphere fresh!*

This may be a simple problem of ventilation. If not, and odors insist on seeping in from the laboratory or elsewhere, then an exhaust fan or air conditioning equipment may be what you need.

## *Add a personal touch!*

Perhaps your hobby will help brighten up the consultation room. Photographs, ship models, sculpture, or other indications of one's outside interests often are both decorative and conducive to a pleasant atmosphere.

What you're trying to do, in the final analysis, is to arrange things so that instead of offending any of your patient's primary senses, you will, wherever possible, appeal to them.

After each pointer, I've given but one or two examples. There are many others. So reread the italicized suggestions, unleash your imagination, and be guided accordingly.

—JOHN G. SHEA

# Commission on Hospital Care Urges Fewer But Larger Hospitals

*Report calls for drastic revision  
of in-patient facilities*



To cure the ills of America's hospital system will require drastic remedies, says the Commission on Hospital Care which recently wound up a two-year investigation of the nation's hospitals. Its monumental 744-page report, to be published early in 1947, names the ailments and specifies the cures.

"If this program fulfills its objectives," says Commission Chairman Thomas S. Gates, "it should mark a departure from the haphazard hospital growth of the past to a carefully planned, well-integrated development in the future." But a number of physicians who have scanned the commission's 175 recommendations do not believe the turning point is near.

The Commission on Hospital Care was set up as a non-governmental study group, not as an action committee. "The future of its projected program," says Chairman Gates, "depends upon the interest and acceptance of responsibility shown by those whom it is intended to benefit."

The commission minces few words in airing hospital problems long kept under cover. Its report:

¶ Calls for 195,000 more beds in general hospitals (a 40 per cent increase), to cost \$1,800,000,000.

¶ Urges replacement of one-quarter of the present 503,000 general hospital beds because of obsolescence.

¶ Proposes reducing the total number of hospitals by 40 per cent, eliminating many small hospitals, convalescent and nursing homes.

¶ Advocates an integrated system of hospitals to replace the present disorganized network. The system would be composed of: (1) small medical outposts in sparsely settled districts; (2) 50-100-bed community hospitals; (3) 200-bed regional hospital centers offering complete specialty service; (4) big-city medical teaching and research centers.

¶ Proposes that hospitals make their diagnostic facilities available to all competent doctors in the community.

¶ Urges hospitals to provide office space for doctors and to combine efforts with the medical profession to extend group practice.

¶ Recommends tightening medical staff organization to provide better supervision of physicians and higher standards of care.

¶ Proposes special inducements to draw physicians and nurses to rural areas. The inducements include regular clinics and education-

al meetings in country towns to be conducted by medical school faculty-members.

¶ Advocates Governmental cooperation to extend non-profit prepayment plans "until some other more satisfactory and comprehensive means may be developed to meet all the needs of the people." The commission declares that any legislation making hospital care insurance obligatory "should permit its purchase from any agency, public or private, which conforms to established standards of service and operation."

¶ Favors hospital care in the same institutions for Negroes and whites. Where segregation is required by law, the report calls for facilities of equal quality for Negro patients. It proposes the admission of qualified Negro physicians to medical staffs, greater use of Negro nurses, better opportunities in medical education for Negroes.

¶ Asserts that all institutions providing overnight bed care for the sick should be licensed and subject to inspection. Only fifteen states now require hospital licenses.

¶ Calls for larger and fewer nursing schools run only by large hospitals and colleges and supported by taxes.

¶ Urges that governmental hospitals stay out of areas where other facilities are meeting the need. "Voluntary, non-profit hospitals should be used to provide care to beneficiaries of the Government wherever possible."

¶ Asks that general hospitals provide for the care of certain communicable diseases, tuberculosis, mental disorders, and chronic ail-

ments—all those cases now cared for in special hospitals.

¶ Recommends that managing boards of hospitals include consumers of hospital service.

The commission has not set up a legislative program. But observers point out that the Hospital Survey and Construction Act, passed at Congress' last session, puts some of the commission's staggering goals within reach. The \$375 million which the act provides for state-survey-approved building programs will help finance the sweeping revisions already charted in the commission's report.

Planning groups now active in every state may follow the commission's blueprint for country-town-city linking of hospitals. In other commission proposals, these groups seem to be less interested.

The report's questionable stand on compulsory hospitalization insurance, for instance, draws heated comment from some hospital men and physicians alike. And they say that opening medical staffs to Negro physicians is not so simple as it sounds. Most hospital rules require that staff members belong to their local AMA-constituent society. The proposed change will demand a revamping of either hospital regulations or of the unwritten AMA law.

Medical men connected with small hospitals show no inclination to close up shop on the strength of the commission's blueprint for "fewer and larger hospitals." Dr. A. C. Bachmeyer of Chicago, the commission's director of study, declares that the commission itself recognizes the problem as a tough one. "It is believed that integration can

be achieved in a democratic manner and without seriously interfering with the autonomy of individual institutions," he says.

The commission describes U.S. hospitals as disorganized, unrelated, and overlapping. Dr. Bachmeyer explains: "Governmental units, church bodies, philanthropists, industries, and individuals have participated in hospital construction. The diversity of these sponsoring interests has resulted in widely disparate patterns of organization, administration, and control of hospitals. There is very little coordination among hospitals. In some instances, there may even be competition."

Chairman Gates concludes: "American hospital care at present is second to none in the world. It is obvious to all in the field, however, that it has scarcely begun the progress that we are entitled to expect on the basis of past scientific progress and our present medical knowledge."

The Commonwealth Fund will

publish the commission's finished report, complete with formulas and work procedures, early in 1947.

Members of the Commission on Hospital Care include Herbert Hoover; Charles F. Kettering of General Motors; Edward L. Ryerson of Inland Steel; Sarah Gibson Blanding, president of Vassar College; Clinton S. Golden of the CIO; Matthew Woll of the AFL; and six practicing physicians. Their two-year study was financed by the Kellogg Foundation, the Commonwealth Fund, and the National Foundation for Infantile Paralysis. Each foundation gave \$35,000. The American Hospital Association, which first proposed the commission, will collaborate with the U.S. Public Health Service in continuing the commission's program.

"Their compendium will be used as an administrative guide for years to come," said one AHA spokesman. But whether it will actually start the reforms rolling remains for the medical and hospital men to decide. —JOHN BYRNE

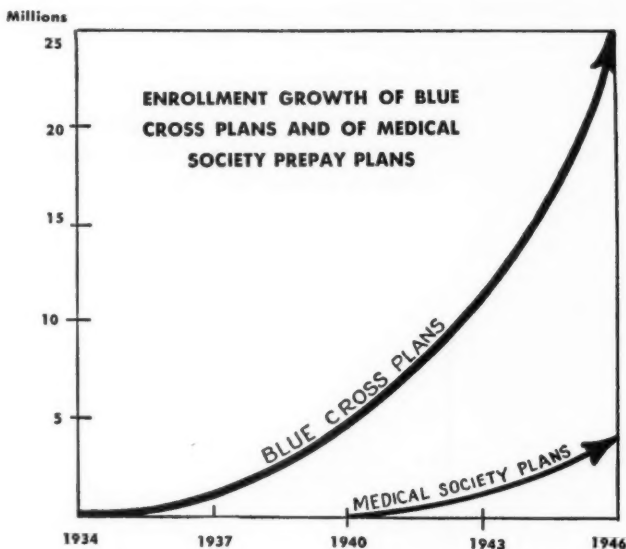
## Lapse and Prolapse

A patient suffering from prolapse of the uterus was waiting to see the doctor. She asked the nurse whether it would be possible for her to see the dentist in the same building, since an inlay had come loose. While the nurse (who served both men) was making the dental appointment, the examination was started.

A few moments later, the doctor turned away to make some notes on the chart. Just then the nurse stuck her head in the door way and said to the patient, "It's all right. The doctor will be able to cement it temporarily."

"Cement? Oh, no!" cried the horrified patient whose thoughts just then were wholly down yonder. —OFFICE AIDE, CALIFORNIA

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## Study Shows Prepay Plan Coverage

*Total of 75,000 physicians now participate  
in plans approved by medical societies*

Medical care plans approved by medical societies covered 4,083,987 persons as of Sept. 1. Enrollment had skyrocketed 45 per cent since the first of the year. Now in sight for medicine's prepayment plans is the same subscriber boom that Blue Cross has enjoyed. On Sept. 1, Blue Cross coverage totaled 24 million.

These are the most recent figures on voluntary health insurance. They stem from a MEDICAL ECONOMICS study of existing medical care plans. The study also reveals

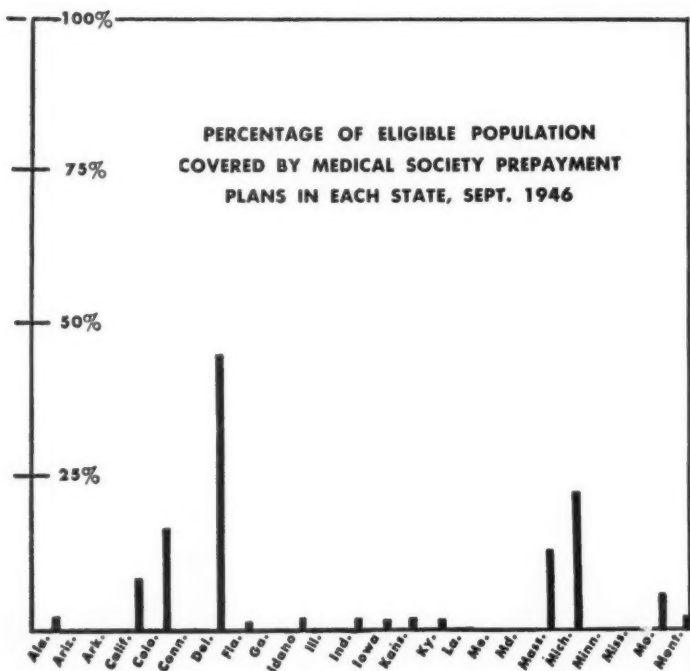
the following significant facts:

¶ Fifty-one\* medical prepay plans approved by medical societies were operating on Sept. 1. Twenty-one of them started during the last two years.

¶ Seventy-five thousand doctors, or more than half of all privately practicing physicians, were participating.

¶ The largest plan, Michigan

\*Washington's twenty county bureaus are counted as a single state-wide plan. Oregon Physicians Service and its four affiliated local plans are likewise counted as one.



Medical Service, covered 875,000 persons.

¶ Fastest growing of the major plans was New York's United Medical Service which boomed into second place with 496,822 enrolled. This was a 308 per cent growth in eight months.

¶ Massachusetts Medical Service, with a 405,394 enrollment, topped the seven remaining plans that covered more than 100,000.

¶ On Sept. 1, thirty states plus Hawaii had working prepayment plans approved by medical societies.

¶ Fifteen states and the District of Columbia were developing

plans.

¶ Only three states had no medical care plan operating or in preparation. They were Mississippi, Nevada, and South Dakota.

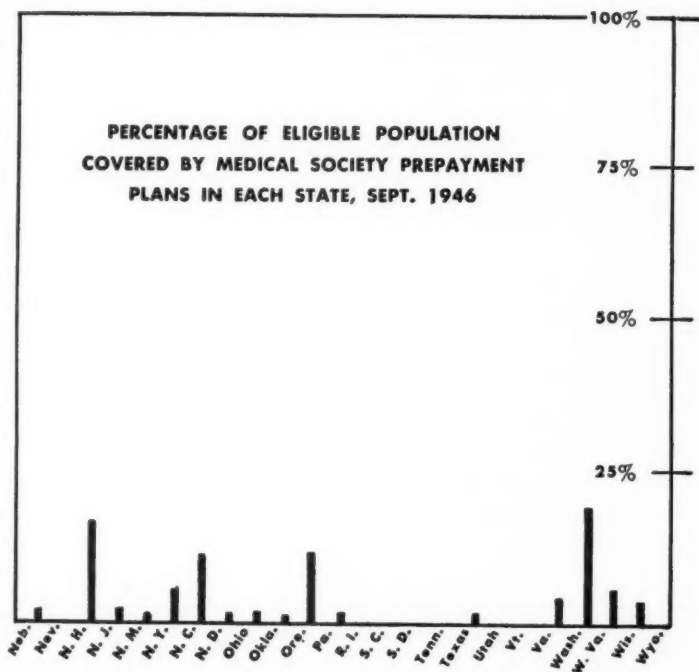
Benefits offered by the fifty-one plans vary widely, as do premiums and eligibility standards. (MEDICAL ECONOMICS will analyze these factors in a later issue.)

Eligible population has been estimated at 100 million, representing the number who can afford actuarially adequate premiums. Excluded are about 40 million persons who receive government care.

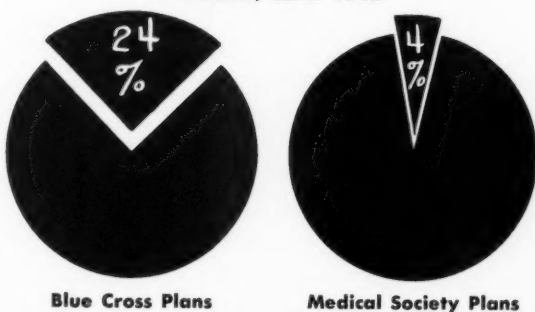
Plan-by-plan enrollment is shown on pages 72-73.



**PERCENTAGE OF ELIGIBLE POPULATION  
COVERED BY MEDICAL SOCIETY PREPAYMENT  
PLANS IN EACH STATE, SEPT. 1946**



**PERCENTAGE OF ELIGIBLE POPULATION  
ENROLLED, SEPT. 1946**



# FIFTY-ONE MEDICAL PREPAYMENT PLANS APPROVED BY MEDICAL SOCIETIES

State	Head- quarters City	Name of Plan	Year Organized	Enroll- ment Sept. 1946	% of M.D.'s in Area Who Par- ticipate
Ala.	Birmingham	Hospital Service Corp. of Alabama	1945	36,500	100%
Calif.	Oakland	Hospital Service of California	1937	94,205	100%
	Sacramento	Intercoast Hospitaliza- tion Insurance Assn.	1941	30,000	100%
	San Francisco	California Physicians' Service	1939	278,427	83%
Col.	Denver	Colorado Medical Service, Inc.	1942	147,508	80%
Del.	Wilmington	Group Hospital Service, Inc.	1943	90,641	90%
Fla.	Jacksonville	Florida Medical Servic Corp.	1946	(Started Sept. 1)	75%
Idaho	Lewiston	Medical Service Bureau	1946	2,441	100%
Ind.	Indianapolis	Mutual Medical Insurance, Inc.	1946	(Started Sept. 1)	100%
Iowa	Des Moines	Iowa Medical Service	1945	14,471	40%
Kan.	Topeka	Kansas Physicians Service	1945	8,974	75%
Mass.	Boston	Massachusetts Medical Service	1942	405,394	90%
Mich.	Detroit	Michigan Medical Service	1940	875,000	75%
Mo.	Kansas City	Surgical Care, Inc	1943	103,360	97%
	St. Louis	Missouri Medical Service	1945	55,000	75%
Mont.	Helena	Montana Physicians Service	1946	5,000	88%
Neb.	Omaha	Nebraska Medical Service	1944	15,000	100%
N.H.	Concord	New Hampshire Physicians Service	1944	61,000	70%
N.J.	Newark	Medical Surgical Plan of New Jersey	1942	75,388	75%
N.M.	Albuquerque	New Mexico Physicians Service	1946	(Started late '46)	70%
N.Y.	Buffalo	Western New York Medical Plan, Inc.	1940	110,000	90%
	New York	United Medical Service, Inc.	1944	496,822	60%
	Syracuse	Central New York Medical Plan, Inc.	1944	8,000	75%
	Rochester	Genesee Valley Medical Care Inc.	1946	6,500	84%
	Utica	Medical and Surgical Care, Inc.	1939	65,375	90%
N.C.	Chapel Hill	Hospital Saving Assn. of N. C.	1941	165,000	100%

# FIFTY-ONE MEDICAL PREPAYMENT PLANS APPROVED BY MEDICAL SOCIETIES

(Cont.)

State	Head- quarters City	Name of Plan	Year Organized	Enroll- ment Sept. 1946	% of M.D.'s in Area Who Par- ticipate
N.C.	Durham	Hospital Care Assn., Inc.	1933	83,120	100%
	Durham	Medical Service Assn., Inc.	1940	52,870	100%
N.D.	Fargo	North Dakota Physicians Service	1946	5,000	98%
Ohio	Columbus	Ohio Medical Indemnity, Inc.	1945	50,000	100%
	Toledo	Community Surgical Plan	1944	54,090	100%
Okla.	Tulsa	Oklahoma Physicians' Service	1945	14,250	50%
Ore.	Salem	Oregon Physicians Service	1941	92,000	90%
Pa.	Harrisburg	Medical Service Assn. of Pa.	1940	55,127	55%
Tex.	Dallas	Dallas County Medical Plan	1940	1,518	90%
	Dallas	Group Medical and Surgical Service	1945	24,894	100%
Va.	Roanoke	Surgical Care, Inc.	1945	26,000	95%
	Richmond	Virginia Medical Service Assn.	1945	65,000	70%
Wash.	Olympia	Washington State Medical Bureau	1933	250,000	85%
W.Va.	Charleston	Medical Service, Inc.	1942	24,785	74%
	Clarksburg	Medical-Surgical Service, Inc.	1944	4,330	96%
	Fairmont	Marion County Medical Service, Inc.	1940	11,442	97%
	Huntington	Huntington Medical Service, Inc.	1944	2,080	85%
	Morgantown	Morgantown Medical- Surgical Service, Inc.	1945	1,000	95%
	Parkersburg	Medical-Surgical Care, Inc.	1944	10,737	98%
	Weston	Central W. Va. Medical Service	1941	4,503	100%
	Wheeling	W. Va. Medical Service, Inc.	1945	12,529	98%
	Williamson	Medical Assn. of Ky. and W. Va.	1938	3,900	40%
	Madison	The Wisconsin Plan	1945	30,000	95%
	Milwaukee	Surgical Care	1943	36,410	55%
T.H.	Honolulu	Hawaii Medical Service Assn.	1938	17,586	99%

Source: MEDICAL ECONOMICS study of prepayment plans, Sept. 1946.



# SAFER

**WARNING:** "Suddenly, the heart rate and her nervousness increased, and it was discovered that she had purchased huge quantities of thyroid while unobserved." (Goldfinger, D.: Ann. Int. Med 24:701 (April) 1946.)

The "disastrous results from self-dosing" with thyroid preparations (Bureau of Investigation: J. A. M. A. 129:904 [Nov. 24] 1945) suggests the need for safer thyroid medication.

- A** Proloid being purer, and free from unwanted organic matter, has neither taste nor odor identifiable by the patient.
- B** Nor can Proloid be identified as thyroid by name.
- C** The greater uniformity of Proloid's metabolic activity favors a more even, less fluctuating stimulation. (Proloid is standardized by a metabolic assay as well as the U.S. P. assay.)

The Maltine Company

# PROLOID

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# Bird's-Eye View of Group Practice

*Where groups are; their organization,  
patients, and fiscal set-up*



Today's composite group\* would consist of seven physicians. It would be located in the Midwest in a city of about 60,000. Organized as a formal partnership, each partner would receive an equal share of the group's income. Each would have a daily average of twenty patients who would pay on a fee-for-service basis. The group would be about twenty years old, have a building of its own, a plant investment of more than \$70,000, and an annual overhead of about 35 per cent.

Private medical groups in the U.S. vary greatly in size: Some have as few as three physicians; others more than 100. However smaller organizations predominate; more than half have fewer than ten physicians. The average of all, including the relatively few very large groups, is 10.3 physicians. The median, 7, gives a more accurate clue to size. Following is a tabulation of the number of participating doctors in 85 groups which furnished such data.

\*For the purpose of this series of articles a group is defined as an association of private physicians offering general and specialist medical care to the public at large through the medium of a common organization which pools income and expenses and pays participating physicians on a salary, salary-and-bonus, or share basis.

Geographically the Midwest still leads in number of groups, with 56 per cent of the total. The West has 24 per cent; the East, 10 per cent; and the South, 10 per cent.

A little more than half of all the groups studied are situated in medium-sized cities. Following is the distribution according to population of community:

Community Size	Percentage of Groups
Less than 25,000.....	17%
25,000-99,999 .....	51
100,000-499,999 .....	22
500,000 and up.....	10
	<hr/> 100%

An overwhelming proportion of groups included in this study are organized on a partnership basis:

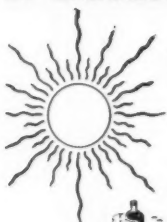
Form of Organization	Percentage of Groups
Partnership, contract...	64%
Partnership, no contract.	16
Sole proprietorship ...	7
Non-profit corporation..	7
Profit corporation .....	6
	<hr/> 100%

In nearly half the groups, physicians participate in earnings on a straight partnership basis.

[PLEASE TURN TO PAGE 77]

Something really "New Under the Sun" . . .  
Iron Therapy that provides

## A BUILD-UP WITHOUT A LET-DOWN



Usual iron therapy has a tendency to defeat its own purpose because of intolerance by the average stomach. The distressing side-effects of such treatment are familiar to every practitioner faced with problems of preserving or restoring the hemoglobin level of the blood.

This is particularly true of convalescents, of post-operative cases, and of infants and children, where there may be a pronounced tendency to lack of iron in the diet.

But—today—increasing numbers of physicians are discovering a happy solution of this problem in

### OVOFERRIN . . . the non-ionizable iron with no distressing side-effects

In colloidal form, OVOFERRIN is easily assimilable—is unaffected by the gastric juices—is readily absorbed in the intestinal tract—all without the distressing side-effects so common to the usual, ionizable iron preparations.

Moreover, such a combination of advantages in a palatable IRON preparation makes possible *continuous, prolonged* iron therapy—so important to the patient's welfare.

You, too, can bridge the gap between iron deficiency and effective iron therapy with

# OVOFERRIN

NON-ASTRINGENT • NO STAINING OF TEETH



#### MAINTENANCE DOSAGE

One teaspoonful 2 or 3 times a day in water or milk.



#### THERAPEUTIC DOSAGE

ADULTS: One tablespoonful 3 or 4 times daily in water or milk.  
 CHILDREN: 1 to 2 teaspoonfuls 4 times daily in water or milk.



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All other groups reporting distribute earnings by using a fixed salary as a base. Following is the breakdown:

Distribution of Earnings	Percentage of Groups
Partner's share . . . . .	46%
Partner's share and salary . . . . .	31
Salary and bonus . . . . .	13
Salary . . . . .	10
	<hr/> 100%

The number of patients seen daily also varies greatly, some groups reporting as few as seven per doctor, others more than 35. The average figure is 20 per doctor, contrasting with the 25 patients per day seen on the average by all doctors in the U.S., according to the Fifth MEDICAL ECONOMICS Survey (1943).

Charges are made on a fee-for-service basis in nearly nine out of ten cases:

How Patient Pays	Percentage of Groups
Fee for service only . . . .	87%
FFS plus prepayment . . . .	12
Prepayment only . . . . .	1
	<hr/> 100%

The average age of surveyed groups is 20 years. Most existing groups—59 per cent—were established in the years 1916 through 1930; 9 per cent were founded prior to 1916; 31 per cent in the years 1931 through 1940. Only one group reported that it had been founded after 1940.

Operating expense is reported on the average as 35.5 per cent of total income in 1946; this compares closely with the 35.9 per cent reported for all physicians in

the Fifth MEDICAL ECONOMICS Survey (1943).

The average investment in plant and equipment per doctor is \$10,210.

Sixty-eight per cent of the groups occupy buildings of their own; 16 per cent have offices in a commercial office building; 11 per cent have quarters in a hospital; and 5 per cent are housed in a medical arts building.

Only 21 per cent operate their own hospitals (either in the group building or in a separate structure); most hospitals reported have fewer than fifty beds.

Ninety-six per cent of groups charge fees that they say are the same as those prevailing among solo practitioners in the area; 2 per cent report higher fees; and 2 per cent, lower. —ROSS C. MCCLUSKEY

► Because of increasing interest in group practice, MEDICAL ECONOMICS has undertaken an extensive study of the subject and is presenting the results in a series of articles. The preliminary report presented here is based on an analysis of 85 groups, supplemented by information received from Arthur E. Soderberg, group practice consultant, who was engaged by this magazine to visit a number of the nation's outstanding groups and to examine in detail their methods of organization and administration. More than 600 organizations have been questioned. Many of these have turned out to be small partnership or office-sharing plans rather than true group practices.

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action

within seconds

... for hours

Seldom must a drug act within seconds. Still more rarely must its action also continue for many hours.

Such rapidity of action with prolonged duration is required of a spermicidal jelly.

It should kill spermatozoa within one minute<sup>1</sup> before they can enter the uterus. *Lorophyn Jelly*, containing one of the most powerful, rapidly acting known spermicides<sup>2</sup>, is capable of killing spermatozoa within one minute, even when diluted 1 to 10<sup>3</sup>.

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**Lorophyn  
jelly**  
FOR CONCEPTION CONTROL

Formula: Phenylmercuric acetate 0.05%, Polyethylene glycol of mono-iso-octyl-phenyl ether 0.3%, Methyl p-hydroxy benzoate 0.05%, Sodium borate 3.0%.



Persistence of barrier action of *Lorophyn Jelly*, 1 hour after application and coitus. (Photo by Dr. S. L. Siegler)

For literature, write:  
The Medical Director,  
Eaton Laboratories, Inc.,  
Norwich, N. Y.

**EATON** Inc  
LABORATORIES  
NORWICH, NEW YORK

1. Dickinson, R. L., & Bryant, L. S.: *Control of Conception*, Williams & Wilkins, Baltimore, 1931.
2. Baker, J. R., Ranson, R. M., & Tynen, J.: *A New Chemical Contraceptive*, *Lancet* 2:882, 1938.
3. Eastman, N. J., & Scott, A. B.: *Phenylmercuric Acetate as a Contraceptive*, *Human Fert.* 9:33, 1944.



# New Depreciation Rule Permits Saving on Income Tax

*Temporary gain will be offset  
unless rates are lowered*



A recent ruling by the Commissioner of Internal Revenue authorizes use of a new method for computing depreciation on tax returns. Since it enables the taxpayer to claim higher annual deductions during the early life of a depreciable item, the new method appears favorable; but unless tax rates are lowered before the item has been fully written off, the apparent saving in the early years will be offset. Tax accountants who advocate use of the new method are anticipating lowered rates within the next few years.

The common way of figuring depreciation is called the straightline method. One unvarying depreciation allowance is applied to the original value of the item. Thus on a portable X-ray unit purchased at \$500 and estimated to be good for a five-year period, you would be able to claim a one-fifth (20 per cent) allowance, or \$100, annually for five years.

The new procedure is known as the declining-balance method. It uses an annual rate of depreciation, but this rate is applied to the current value of the item rather than to its value at the time of purchase. For example:

On the \$500 x-ray unit the rate

is 30 per cent (instead of the 20 per cent allowed in the straight-line method). For the first year the depreciation would amount to \$150. To arrive at the second year's allowance, you would (1) reduce the original value (\$500) by its first-year depreciation "charge-off" (\$150) thus establishing a *current* value of \$350; and (2) apply to this figure the rate of 30 per cent (which would bring his second year's allowance to \$105). The allowance for the third year would be \$73.50; for the fourth year, \$51.45; for the fifth, \$36.02. Use of this method effects a saving only for the first two years. At the end of five years the total depreciation under the declining-balance method would stand at \$415.97, as compared with the \$500 according to the straight-line procedure.

In authorizing use of the declining-balance method, the commissioner made two provisos: (1) the rate of depreciation must not exceed the straight-line rate by more than 50 per cent (if the straight-line rate, as in the above example is 20 per cent, the declining-balance rate must not be more than 30 per cent); (2) permission must be obtained to switch methods.

—NELSON ADAMS

# NOW AVAILABLE FOR CIVILIAN USE

## Bishop Blue Label Needles



OTHER NEW  
"BISHOP" PRODUCTS

To most physicians who were in military service, Bishop "Blue Label" Needles are already familiar and trustworthy friends. Their unusual ability to perform well, even under the most adverse conditions, has been proved beyond all question by the millions of "Blue Label" Needles supplied to the armed forces before and during World War II. Bishop now makes available, to civilian practitioners as well, these same Blue Label Needles, unsurpassed for their resistance to breakage, and for the special hand-finished Bishop point—ideal for every hypodermic needle use.

Available, through your regular source of supply, in a complete line of standard lengths and gauges. Write today for booklet describing Bishop "Blue Label" Needles and the other products illustrated at the right of the page. Medical Products Division, J. Bishop & Company Platinum Works, Malvern, Pa.

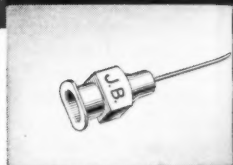
\*U. S. Patent applied for

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THE "ALBALON"® NEEDLE  
the first plastic hub needle.



BLUE LABEL CLINICAL THERMOMETERS—Accurate—sturdy—easily read



BLUE LABEL SYRINGES —close-fitting—clearly marked



SINCE 1910

## Check-List for Office Aides

**B**reaking in a new office assistant? Then this list will help you explain the principal jobs you want her to perform. If you're not making any personnel changes, you'll find the list useful in evaluating the jobs already being done. Here are the main objectives for a good aide to shoot at:

### SECRETARIAL FUNCTIONS

1. Write letters that include a touch of personal feeling yet relay a clear business or professional message.
2. Pay bills promptly; get monthly statements out on time.
3. File case histories, financial records, correspondence.
4. Check medical journal items for the doctor's attention.
5. Proofread the medical papers he prepares.
6. Transcribe letters, instructions, and case histories.

### NURSING FUNCTIONS

1. Keep examination room immaculate. Sterilize instruments and gloves. Order and check laundry.
2. Budget time; be present at examinations when needed.
3. Prepare women patients for examination.
4. Get such preliminary case history data from patients as the doctor may specify.

### RECEPTIONIST FUNCTIONS

1. Manage the office so that patients are kept moving.
2. Maintain a businesslike atmosphere at the reception desk, but be friendly and make patients feel at ease.
3. Be able to explain logically and convincingly the doctor's absence from the office during an emergency.
4. Organize telephone appointment requests and other incoming information for the doctor's quick inspection.
5. Respond to patients' queries sympathetically.
6. Exercise good judgment in handling unscheduled appointments, detail men, and business callers.
7. Know medical ethics; don't reveal case-history details.
8. Remember names, faces, and appointments.

# Doctor, where have you seen these 64 words before?

**"INGREDIENTS:** Vacuum dried combination of whole milk modified by enzymes contained in a converted infusion of malted barley and whole wheat flour, sugar, dextrose, cocoa, salt, artificial flavor (vanillin) and vanilla. The natural vitamin and mineral content has been supplemented by addition of vitamin A from fish liver oil, vitamins B<sub>1</sub>, B<sub>2</sub>, (G), D (irradiated ergosterol), and P-P (niacin amide), calcium phosphate, iron pyrophosphate."



In either Powder or Liquid Form

*P.S.*

These 64 words are on the ingredients label of every can of Borden's Hemo—your assurance of the sound nutritional quality of this vitamin- and mineral-fortified food drink.

**NOTE:** We print the chart below so you can see at a glance how the vitamin and mineral content of Hemo compares with *minimum daily requirements* of these elements.

***Hemo compared with minimum daily adult requirements\****

	Minimum Daily Adult Requirements*	1½ ounces of Hemo and 16 fluid ounces of milk (2 glasses)	1½ ounces (2 servings) of Hemo Powder
Vitamin A	4000 U. S. P. Units	4900	4000
Vitamin B <sub>1</sub>	333 U. S. P. Units	400	333
Vitamin B <sub>2</sub>	2 Milligrams	3	2
Vitamin D	400 U. S. P. Units	410	400
Niacin amide	* *	10.3 mg.	10 mg.
Iron	10 Milligrams	15.7	14.7
Calcium	750 Milligrams	950	376
Phosphorus	750 Milligrams	750	288

\*As set by Federal Security Administrator under authority of the Federal Food, Drug and Cosmetic Act. (Hemo does not contain Vitamin C.)

\*\*Minimum daily adult requirements not yet fully established.

# Borden's Hemo



IF IT'S BORDEN'S, IT'S GOT TO BE GOOD!

Available in all drug and grocery stores!

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## ***To the unselfish profession:***

Even though Noxzema owes thousands and thousands of its friends to recognition by the Medical Profession, we ask you—Doctor, how about YOU and YOUR skin irritations?

We ask this because we know how careless of their own comfort Doctors usually are...how frequently Physicians and Surgeons think of the welfare of others, but neglect themselves.

Doctors are like that or they wouldn't be Doctors. But we offer these suggestions knowing that if you followed them you'd be very pleased.

1. Use Noxzema for your hands when they are rubbed rough and red from scrubbing. It's medicated. Soothing.
2. Use Noxzema for your feet when they are tired and weary from long hours of exhausting work. It's greaseless. Doesn't stain.
3. Use Noxzema Shave Cream as a base for your regular lather or as a brushless shave cream. It protects sensitive skin.

### **FOR YOUR INFORMATION:**

Regular Noxzema Skin Cream is a modernization of Carron Oil, fortified by adding Camphor, Menthol, Oil of Cloves and less than ½% of Phenol in a greaseless, solidified emulsion. Its reaction is almost neutral—the p H value being 7.4.

# **NOXZEMA**



# How Long to Keep Patients' Records

*A few tests will tell you what medical and financial histories you can discard*



"How long should patients' records—medical and financial—be kept?"

Nine out of ten general practitioners reply: "Permanently." Ask them why and they say, "Just in case."

But there is no reason why the records of your deceased or moved-away patients cannot be destroyed if certain precautions have been taken.

After a man has been in practice for a couple of decades he has accumulated a large number of records. Sometimes the storage problem becomes acute. Of course if you have a large attic or other suitable space, it is easy to cull your active records every three or four years to discard the histories of deceased or removed patients, and to store in suitably marked boxes the records you want to keep.

If your storage space is cramped you may have your obsolete records microfilmed at a fraction of a cent each. A film takes only 1/200th the space of an 8½" x 11" sheet; and microfilm records have the same legal standing as originals.

If "to keep or not to keep" is the question, you may apply the following tests, discarding any records that remain unchallenged:

¶ *Statute of limitations:* Keep all records until any possibility of a

malpractice suit has been obviated by the statute of limitations in your state. But remember, that statute does not begin to operate for minors until they have reached their majority.

¶ *Unpaid bills:* Keep both medical and financial records if there is a chance that you may be able to collect a bill in the future. And do not apply too rigidly the statute of limitations as it affects collection suits; you may be able to collect in other ways too. For instance, a long-departed patient who suddenly moves back into town may come back to you with a bankroll and a desire to clean up his outstanding debts.

¶ *Laws you must obey:* The narcotics act, for instance, requires that you keep records of narcotics dispensed for two years. With very little delay your county and state society can acquaint you with any other statutes that affect even indirectly the keeping of medical and financial records.

¶ *Insurance claims:* Hold on to all case histories until the statute of limitations obviates any possibility of your being called as a witness in a suit against an insurance carrier. The time period for this depends upon the state in which you practice.

—ROD BURNHAM



*Benylate*

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is supplied in  
4 oz., pint and  
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## ITCH in 1800

*may have been palliated by assembly-line cooperation, as drawn by a humorist with Napoleon's army. For relief lasting a little longer, soldier and citizen did depend upon a mixture of lard and gunpowder.*

*The 1946 agent is BENYLATE-Breon. One application usually eradicates scabies as well as head lice and body lice.*

*Benylate is a lotion of benzyl benzoate 25% in triethanolamin*

*stearate. White, cleanly, greaseless, it requires no dilution but is ready to apply for quick relief from itching; it penetrates skin crevices with lethal effect on mites.*

\*Benylate is the trademark of

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# Insurance Work: a Paying Sideline

*Average insurance medicine practitioner  
deals with eight companies*



Seven out of ten physicians find that insurance medicine provides a worthwhile, steady source of income according to a mail questionnaire sent to doctors who have done insurance work at one time or another. The fees, they point out, are generally low considering the time involved; yet they agree that the beginner, as well as the older practitioner, is wise in taking on this type of work.

Those who have managed to make the proposition most profitable act for as many as fifteen companies. The average examiner represents about eight carriers. And approximately nine out of every ten examiners say that they would like to obtain more appointments.

Practitioners generally criticize the inadequacy of today's fees. Many feel that the companies which adhere to pre-war fee schedules (as some still are) are taking a grave risk. "Charity work is one thing," explains a New Jersey phy-

sician, "but insurance cases are something else again, and certain doctors tend to become less careful in handling low-rate cases."

The fees vary considerably from company to company, with the larger carriers usually paying the better rates. Some still pay only two to three dollars for an examination which averages thirty to forty-five minutes. If a physician (not necessarily an examiner) is asked for case-history information from his files, he cannot hope always to receive more than \$1 for supplying it; and it is this fee that has been especially subject to criticism.

The companies usually expect the doctor to meet the cost of the urinalysis and other routine laboratory tests. A great majority of examiners do this work themselves.

Opinion is sharply divided on the merits of the work as an aid to practice-building. About half of all examiners questioned say it has helped them to acquire new patients; the other half say it hasn't.

There has been some discussion in recent years about the wisdom of companies having a limited number of full-time examiners (at least in the larger cities) so that insurance-medicine might acquire specialty status. On this issue professional opinion is again divided

► Some of the facts in this article stem from interviews with insurance examiners; others, from a survey conducted recently by the Journal of Insurance Medicine.



In the treatment of chronic constipation the restoration of peristaltic rhythm may be effectively and pleasantly achieved with the administration of Saraka.

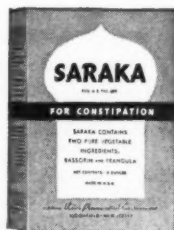
The principal factor in this modern bowel regulator is bland emollient, jelly-like bulk ... supplied by bassorin.

To provide a gentle stimulus to atonic intestinal musculature for initiation of the defecation reflex, Saraka also contains a small quantity of specially treated cortex frangula.

When peristaltic rhythm has been re-established with Saraka, regularity can be maintained with Saraka-B, which supplies bulk alone.

Saraka and Saraka-B are prepared in smoothly-coated granules ... pleasant and easy to take ... economical to use. After meals, or before retiring, one or two teaspoonfuls are placed on the tongue and swallowed with water.

A clinical sample of Saraka will be sent upon request.



**UNION PHARMACEUTICAL COMPANY, INC., BLOOMFIELD, N. J.**

equally. Some argue that the work is not profitable for the G.P. except on a volume basis; others hold that specialism has already gone too far.

While insurance examining is an agreeable sideline, old hands at it give warning to physicians who would take it up. Foremost among the pitfalls to guard against is the matter of dealing with company agents. About two-fifths of the physicians who have had insurance experience say that agents have attempted to influence their medical judgment. Some doctors, it is alleged, are not so firm as they should be in meeting this situation because agents are sometimes influential in helping an examiner to get appointments from other companies. Some men maintain that agent-interference is on the wane, since acceptance or rejection of an applicant is no longer so rigidly dependent upon the examiner's findings; actuarial science has developed to the point where more than 90 per cent of all applicants can be accepted, on some conditional basis these authorities explain.

A number of physicians contend

that it is often the examiner's own fault when he fails to get enough cases to make the work pay. "Insurance companies are only human," argues one doctor. "They want reliable reports and they want them promptly. My own insurance practice took an upturn when I adopted the policy of reporting on the same day I examined the applicant. My promptness has led the companies to send me a great many more cases."

Not many men make the mistake of examining an applicant in the latter's home or at his place of employment. Such examinations are not likely to be so thorough as those done in the office. But again the agent's eagerness to please the applicant may cause him to push for a home examination. Most doctors questioned agree that the practice should be discouraged. "Whenever possible, the examination should be done in the physician's office where everything is available to do the job properly," says an experienced practitioner.

As a rule the companies prefer  
[PLEASE TURN TO PAGE 119]

## Factory Rebuilt

A native pearl diver was brought to our Persian Gulf hospital. His leg had been badly mangled by a shark. Despite his injury he was in good spirits. This was his first contact with white men and civilization. Even such a matter as turning on an electric light seemed like a first-class miracle to him.

A few days after the doctor had performed the necessary amputation, he asked: "How does it feel?" Whereupon the patient answered, "Just fine. The leg doesn't hurt a bit since you took it off. When will it be well enough to put back on?"

—M.D., CALIFORNIA



## TO COUNTERACT MILK ANEMIA

The infant dietary, based largely upon milk, is rich in most nutritional requirements *except* the hemopoietic elements. As a consequence, "Milk Anemia" often results. **ARMOUR LIVER IRON and RED BONE MARROW** (with malt extract) effectively counteracts this tendency by supplying precisely the missing factors. It is rich in general nutritional and more particularly in blood building substances and therefore forms an excellent adjuvant to infant feeding.

This product is also an ideal nutritional adjuvant and hematinic tonic for older children and adults of all ages. It is there-

fore available in two forms: a regular 8 ounce bottle, and a special 2 ounce drop-per bottle for infant feeding. The adult dose is 2 teaspoonfuls twice daily. The dose for children under 15 years old is 1 teaspoonful twice daily. The infant dose is 1 to 10 drops daily in milk or water.

*Liver, Iron and Red Bone Marrow*  
**ARMOUR**  
(WITH MALT EXTRACT)

Have confidence in the preparation  
you prescribe—specify "ARMOUR"

THE *Armour* LABORATORIES

HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN • CHICAGO 9, ILLINOIS

# The Facts on the Pediatrics Study

*A report on its status, scope, aims, and  
the controversy it has aroused*



"Do you see newborns, infants, or children under 5 years of age in your general practice?"

"How many times in the past year have you called in a pediatrician to see a sick child with you?"

"How far from your office is the nearest hospital that admits child patients?"

Practitioners the country over were answering these and similar questions last month in the first survey of its kind ever conducted by medical men. Instituted by the American Academy of Pediatrics, the Study of Child Health Services is an effort "to obtain valid factual information." The academy's ultimate aim is "to make available throughout the country, improved, more evenly distributed medical care for children."

Among the more important questions the academy hopes will be answered by the study are: (1) In what localities are present services inadequate? (2) In what way should they be improved? (3) Does the country need more pediatricians, or more pediatric training for general practitioners?

With questionnaires now distributed in all but a few states, the survey is designed to reach into every U.S. community and to gather data from physicians, dentists,

hospital authorities, medical schools, public health administrators, and others. A pilot study of North Carolina, begun in September 1945, was nearing completion last month.

A considerable part of the survey is being conducted under the direction of state chairmen appointed by the academy. Full-time executive secretaries—a majority of them physicians—have been appointed to handle the distribution and collection of questionnaires in the various states. Much of this work is being done with the cooperation of state and local medical and pediatric societies.

The data, when collected and tabulated by the central office, will be broken down to the level of counties and cities of 10,000 or more population. Findings will then be submitted to the state chairmen for preparation of reports covering their areas. These reports should provide state and local groups with the factual information needed for improvement of their own services. Cooperating local groups have been informed that they "should bear in mind the possibility of using for their own purposes the material as it is collected."

The data being gathered nationally cover programs and fa-

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## THE BURTON FRESNEL 3 in 1 Medical Light

NOW INCORPORATING THE HIGH QUALITIES AND STANDARDS OF POST-WAR PRODUCTION

*N*ever before a light like this! Never before advantages like these offered physicians by the versatile BURTON Fresnel Medical Light.

- Lowest-priced all-purpose light on the market.
- 3 great lights in 1—triple illumination for diagnostic, operative and examination work.
- Over 1000 foot-candles of heat-free, color-corrected true 'white' light for your office.
- Easy finger-tip control to adjust angles, vary light fields or light intensity.
- Beautiful bakelite construction; impressive modern design.
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The BURTON Fresnel 3 in 1 Medical Light is available now through your dealer.

Write today for full information.

### AVAILABLE IN 5 MODELS

**No. 1201A—Floorstand Model**  
Adjustable. 41½ to 64½ in. Black crackle finish, polish trim. Balanced base. Lighting head tips to any angle. Price, Complete \$22.75

### No. 1202A—Wall Model

(Not illustrated) Attractive telescoping bracket extends to 25½ in. Takes little space when not in use. Price, Complete \$22.75

### No. 1200A—Desk Model & Microscope Lamp

Dark and bright field; monocular or binocular. Lighting head detachable for easy mounting on floor stand. Filters available. Price, Complete \$14.75

### No. 1201A—Goose-neck Model

12 in. of heavy-duty black-crackle, flexible "goose-neck." Adjustable from 42½ to 64 in. Price, Complete \$22.75

### No. 1201A-S—"Shortie" Floorstand Model

(Not illustrated) Same as No. 1201A Floorstand Model excepting height. Adjustable from 30½ to 52 in. Price, Complete \$22.75



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AS A FLOODLIGHT



FOR DIFFUSED LIGHT



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Gilities for pediatric training in medical schools and teaching hospitals. All other data—including facts relating to hospital facilities, to community health services (both private and public), and to the distribution, activities, and qualifications of professional personnel—are being collected through the state organizations.

When the central headquarters was first set up in Washington, D.C., many physicians believed the survey was Government-sponsored. This belief was strengthened when it became known that the academy would receive the active cooperation of the Public Health Service and the Children's Bureau, and that office space had been provided by the PHS at its Bethesda research center.

But Dr. John P. Hubbard, director of the study, says that "It definitely is not a Government project." The director, he adds, "is paid by and is answerable to the academy. The personnel on loan from the Government agencies are under his direction. The responsibility for the success of the undertaking is in the hands of the academy."

Dr. Hubbard explains that when the membership of the academy voted in open meeting to conduct this survey "no one appreciated the enormous mass of statistical data to be gathered or the labor involved in analyzing it adequately. The academy has neither the statistical facilities nor the personnel nor the experience to undertake a task of such broad scope. Even we at the central office do not yet fully visualize all that is involved in drawing together, coding, and tabulat-

ing information from all hospitals, medical schools, health services, and physicians throughout the country. The academy will benefit greatly by cooperating with Federal agencies, since their technical facilities are unique."

The study will cost nearly half a million dollars, the academy estimates. Part of the expense is being met directly from AAP reserve funds. Contributions have been received also from the Field Foundation (\$100,000), the National Foundation for Infantile Paralysis (\$116,000), and several pharmaceutical houses. In addition, the state programs are receiving financial support from county and local chapters of the NFIP, state health departments, medical and pediatric societies, local foundations, and commercial firms. The Federal Government's contribution is the loan of personnel, space, and equipment.

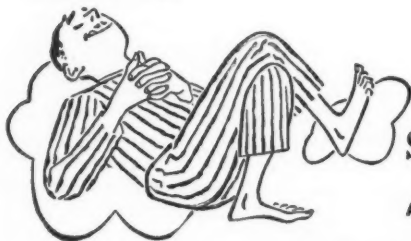
No date has been set for the completion of the study. The academy says that several months will be required for the tabulation and analysis of the data after they have been received at central headquarters.

Despite Dr. Hubbard's statement that the academy alone is responsible for the study, the contention persists in medical circles that Government influence will creep in somewhere. The feeling of a considerable number of private practitioners, some of them pediatricians, is summed up in the following remarks obtained by reporters for MEDICAL ECONOMICS in interviews with physicians.

Says one: "Physicians cannot  
[PLEASE TURN TO PAGE 97]

**Patients, or doctors,  
drawn through a knothole  
because the caffeine in  
coffee keeps them awake . . .**

**can drink delicious,  
caffeine-free Sanka Coffee  
and s-l-e-e-p.**



**Sanka Coffee**

**ALL COFFEE . . . REAL COFFEE**

**GRAND COFFEE . . . 97% CAFFEIN-FREE**



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# "Simple Treatment"



## Simple Treatment for Skin Disorders

**T**HE simplicity of the Mazon Treatment, employing Mazon Soap and Mazon Ointment, suggests every doctor's trial. It acts swiftly to bring dramatic results alleviating many skin disorders.

Briefly, the treatment is as follows:

1. Cleanse the affected area with Mazon Soap.
2. Rinse thoroughly and dry.
3. Apply Mazon Ointment.

### MAZON SOAP

Mazon Soap is 100% pure, contains no free alkali, artificial color,

synthetic perfume, excess oils or greases to retard or nullify the therapeutic action of its complement, Mazon Ointment.

### MAZON OINTMENT

Mazon Ointment itself is absolutely anti-pruritic, anti-septic and anti-parasitic. It is easy to apply, is non-greasy and non-staining and requires no bandaging.

### INDICATIONS

Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease.

### CLINICAL STUDIES

Many clinical studies proving the success of the simple Mazon Treatment are in our files. Its record of success suggests your own trial.

# MAZON

## OINTMENT

## SKIN SOAP

### FOR EFFECTIVE DERMAL THERAPY

BELMONT LABORATORIES CO., PHILADELPHIA, PA.

# Safe Support

**T**HE MENOPAUSAL PATIENT will welcome this efficient assistance in negotiating the decline of ovarian activity with untroubled calm.

Natural estrogens are preferred by many physicians and patients because they are readily tolerated and produce relatively few undesirable side effects.

## PLESTRIN

REG. U. S. PAT. OFF.

*in Oil*

### NATURAL ESTROGENS IN OIL HARROWER

Biologically standardized to assure effectiveness and uniform potency.

**SUPPLIED:** In strengths of 2,000; 5,000; 10,000 and 25,000 I.U. per cc., in sterile ampuls and in sterile multiple-dose vials.

PLESTRIN capsules are available in strengths of 1,000 and 4,000 units each for oral administration.

**The HARROWER LABORATORY, Inc.**

GLENDALE 5 • CALIFORNIA

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## Pediatrics Study

[Continued from page 93]

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forget that the Public Health Service helped draw up the Wagner-Murray-Dingell Bill and supported it before Congress, or that the Children's Bureau was instrumental in drafting Senator Pepper's Super-EMIC Bill and plugging for it at Congressional hearings."

Says another: "The mere fact that the study itself is not directly under Government control is beside the point. Granted that there are no shenanigans in the tabulation and analysis of the returns by PHS personnel using PHS punch cards, it is obvious that the two Government agencies will have immediate access to the results and can therefore draft and plump for remedial legislation long before the medical profession can possibly effect any material improvement. Moreover, I question how far the profession can go in bettering services. To provide the utopian plan that

seems to be the academy's goal would, in my humble opinion, mean re-educating most of our G.P.'s, adding thousands of private pediatricians and school doctors, building many children's hospitals, upping the tax-rate in many states, and heaven knows what else. A program of that magnitude is beyond the profession's means, financially and otherwise. Yet if the academy study indicates that we need such a program, what better proof do the Peppers, the Altmeyers and the Martha Eliots need for demanding Federal intervention? Haven't 'the doctors themselves,' as the academy puts it, conducted the survey? And having done so, is there any excuse they can give if they fail to achieve their well-nigh impossible goal before another Super-EMIC Bill can be introduced?"

Physicians of a less skeptical turn say they admire the academy's lofty aims, are "a little apprehensive" about the final outcome, but have decided to adopt a let's-wait-and-see policy. —ARTHUR MYER

## Blanket Excuse

Three times previously the mother had brought forth baby girls. This time the parents and the whispering gallery of neighbors were plainly hoping for a male heir. But in an aura of chloroform vapor, lysol fumes, and ill-concealed sighs of disappointment, a fourth girl child was ushered into the world.

I prepared to wrap the baby in a brand new receiving blanket from Sears Roebuck. As I did so, a small printed slip fell to the floor. It read: "This is not exactly what you ordered, but we have ventured to substitute the nearest thing in stock, hoping thereby not to delay your order."

—HILTON A. WICK, M.D.



## ASTHMA DISTRESS to RELIEF

REGULAR SCHEDULE	(Tedral) Local	(Tedral Enteric Coated) Through Express
Ar Asthma Distress . . . . .	. . . . PM	. . . . PM
Labored Breathing . . . . .	. . . .	. . . .
Desperate Straining . . . . .	. . . .	. . . .
Anxiety Fears . . . . .	. . . .	. . . .
Choking . . . . .	. . . .	. . . .
TEDRAL . . . . .	Lv 11 00	11 00
Easy Breathing . . . . .	Ar 11 15	. . . .
Fear Allayed . . . . .	Ar 11 22	. . . .
Restful Sleep . . . . .	Ar 11 28	. . . .
Waning Action . . . . .	3 15 AM	. . . .
JUNCTION: TEDRAL ENTERIC COATED . . . . .	. . . .	3 15 AM
Renewed Action . . . . .	. . . .	Ar 3 20
Continued Sleep . . . . .	. . . .	Ar 3 23
Awake Refreshed . . . . .	. . . .	Ar 7 30

The onset of action of Tedral Enteric Coated is timed to coincide with the waning action of Tedral plain. Together, Tedral Timed Tablets permit speedy onset of initial relief (15 minutes) followed by approximately 8 hours of relief with undisturbed sleep.

**TEDRAL...** *the timed tablets*

RELIEF

THE MALTINE COMPANY • NEW YORK 22

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# FREE BLOOD FOR EVERYBODY?

*Red Cross plan to expand free blood program  
causes brush with medical societies*



Organized medicine and the American Red Cross, wartime colleagues in blood banking, were having trouble reconverting their partnership. A New York disagreement, still of minor proportions, was a straw in the wind. In other sections of the country, physicians might soon be faced with the question: "Should blood be available without cost to everyone, or only to indigents?"

Resentment flared against alleged Red Cross plans to take over national control of the collection and distribution of blood. Medical societies in the New York City area flatly rejected a proposal that the Red Cross move into voluntary hospital blood banking. They recommended instead that the Red Cross set up a program to supply blood for needy patients in the city's municipal hospitals. This suggestion the Red Cross turned down. A committee representing both sides went into a huddle.

The American Red Cross authorizes local chapters to take part in blood banking wherever they can get medical society approval. That approval has been granted for state-wide programs in Massachusetts, Michigan, and North Dakota for regional programs in Detroit, Los Angeles, Conway, N.H.,

and Monroe, La. In these areas blood is made available to all patients without cost; physicians charge only for their services in administering the blood.

But in New York, the Red Cross' attempted expansion clashed with an existing blood bank system second to none. The Red Cross was rebuffed because it could not provide "any reasonable assurance that it is able to do the job as well as it is now being done." Said a medical society spokesman: "We believe it is not in the public interest to abandon a sound working program in favor of a speculative plan . . . Nowhere else has the Red Cross succeeded in doing what it proposes to do here."

What the Red Cross had suggested was the "pilot operation" of a blood-donor program in ten voluntary and ten city hospitals. Medical men saw a likely source of "confusion and ill feeling among sick people" if some were asked to defray the cost of the blood and some were not. Said James E. Bryan, executive secretary of the Medical Society of the County of New York: "Any plan such as that proposed by the Red Cross, which would relieve the beneficiaries of all personal obligation to compensate the hospital for the inescapable



**NEW!** *the last word in blood bank protection*

## Cutter's Safti-Cap!



1. Tear off tab



2. Lift off SAFTI-CAP



3. Swab stopper with antiseptic

NOW—when you store whole blood or plasma—you don't have to worry about possible contamination of the bottle-stopper surface! Cutter has seen to that—equipping their entire blood line with SAFTI-CAPS!

Nothing elaborate—but *strictly sensible*—SAFTI-CAPS are neatly fitting metal cups, that slip smoothly over the bottle top, ruling out an element of danger during storage.

Whether you use Saftifuges or Saftivacs Pooling or Plasma Flasks, each bottle comes with a 3-piece closure. Outside seal is easily removed with tear tab. Next comes the SAFTI-CAP, protecting the stopper before and after infusion.

Your hospital staff will appreciate this added precaution in your blood bank. Your Cutter representative will be happy to demonstrate the SAFTI-CAPS' advantages for you personally.

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cost of the blood it supplies to the patient, will injure the present sources of blood for voluntary hospitals."

That put the controversy on familiar ground. Once again medicine was in a fight to confine free service to those who can't afford to pay for it.

More than 1½ million pints of blood were transfused into sick Americans during 1946. Leading light in this national activity was Blood and Plasma Exchange, Inc., a cooperative agency with headquarters in New York City. This non-profit unit today has more than 200 participating hospitals in all parts of the country. In recent weeks it has flown blood to Egypt, Nova Scotia, Miami, Denver, and the West Coast.

Through any affiliated hospital, a

blood supply can be obtained in little more than flying time from the exchange. The current charge is \$15 per pint. The bill is cut in half if the patient's family or friends donate a return pint. If they give two pints, there is no charge. The exchange pays \$7.50 per pint to have the blood processed; it pays \$5 per pint to professional donors who provide half its supply.

Other communities—Chicago and St. Louis among them—are patterning exchange systems after the thriving original, which now handles some 50,000 pints yearly. Elsewhere, most large hospitals operate their own blood banks on the same at-cost-or-in-kind principle.

During the war, the Red Cross collected 13,346,242 pints of blood. But many physicians doubt that it can do as well now. —C. G. BENSON



# A WIDE antibacterial spectrum

## Bacteriostatic in vitro against:

# FURACIN

### Gram-negative

- N. gonorrhoeae
- N. intracellularis
- E. coli
- S. schottmuelleri
- S. paratyphi
- E. typhosa
- S. dysenteriae
- P. vulgaris
- C. violaceum
- S. marcescens
- A. aerogenes
- K. pneumoniae

### Gram-positive

- S. aureus
- S. albus
- S. faecalis
- S. anhemolyticus
- S. pyogenes
- D. pneumoniae
- C. histolyticum
- C. novyi
- C. sporogenes
- C. tetani
- C. septicum
- C. perfringens
- B. subtilis
- B. anthracis
- C. diphtheriae
- M. tuberculosis

Clinical effectiveness may not always correspond to results in vitro.

### First available in FURACIN SOLUBLE DRESSING for wound and surface infections

**INDICATIONS:** Infected surface wounds, or for the prevention of such infection  
Infections of second and third degree burns  
Carbuncles and abscesses after surgical intervention  
Infected varicose ulcers  
Infected superficial ulcers of diabetics  
Secondary infections of eczemas  
Impetigo of infants and adults  
Treatment of skin-graft sites  
Osteomyelitis associated with compound fractures  
Secondary infections of dermatophytoses



Contains 0.2% Furacin (5-nitro-2-furaldehyde semicarbazone) in a water-soluble base.



Bibliography: Dodd, M. C. & Stillman, W. B.: J. Pharmacol. & Exper. Therap., 42:11, 1944; Cramer, D. L. & Dodd, M. C.: J. Bact. 31:293, 1946; Meyer, E. & Lamberti, T. G.: Am. J. Surg. 73:246, 1946; Snyder, M. L., Klehn, C. L. & Christopherson, J. W.: Mil. Surg. 97:380, 1946; McFeney, F. L., Johnson, B. A., Pulaski, E. J. & Colonna, P.: J.A.M.A. 139:121, 1946; Dodd, M. C.: J. Pharmacol. & Exper. Therap. 44:311, 1946



## First Mortgages as Investments

*They offer some overlooked advantages  
to the small investor*



For a number of physicians a small first mortgage is a good investment. Mortgages have climbed so in popularity in recent years that quite a few banks and insurance companies are now advertising to get them. Only among small investors have the virtues of mortgages been lost sight of.

If you happen to have a few thousand dollars of surplus capital on hand, first-mortgage loans to owners of single-family dwellings offer you these advantages:

**Income** (usually from 4 to 6 per cent).

**Diversification** (available if you divide your capital among several properties).

**Marketability** (generally good except in a severe depression).

**"Checkability"** (you can easily determine the condition of the house, the value of the property, and the financial status of the owner).

Of course, no mortgage—even a good, first lien on a single-family dwelling—is without some drawbacks. For instance: Your capital is less liquid than it might be if placed elsewhere. You fall heir to an assortment of problems if the owner dies or defaults. If the mortgage is amortized regularly, you have the problem of what to do with the

small amounts of cash that accumulate as a result. Another sound, first mortgage on a single-family dwelling may be hard to find.

Stocks, bonds, and insurance are marketed with considerable salesmanship. Mortgages are usually not publicized but must be sought out. For this reason some small investors don't give mortgages the attention they deserve.

If you have money to invest and want a mortgage, a good source to tap may be a real estate or savings bank attorney. Such attorneys and their clients often prefer to get loans from individuals rather than from institutions.

Normally, the borrower pays for the lawyer's services and for all other expenses connected with the mortgage. The only costs to the lender lie in possible foreclosure and in property investigation by a second attorney.

It's well to be sure that your mortgage agreement includes these essentials: the borrower's specific agreement to repay you; a written history of the property; a sworn statement that the borrower considers himself the owner; tax searches that include the status of insurance on the property; pictures and a charted description of

[PLEASE TURN TO PAGE 135]

# ***FOR***

# ***PEPTIC ULCER***

**The advantages**

**of prompt activity**

**of prolonged duration**

**IN ONE DRUG** \_\_\_\_\_

Until the advent of aluminum dihydroxy aminoacetate, there had, in recent years, been little significant progress in antacid therapy. Now, in ALMINATE, physicians have available an agent for the management of peptic ulcer, gastritis and hyperacidity which offers distinct new advantages over older methods of treatment.

ALMINATE is, in effect, the aluminum salt of the amino acid, glycine. Characteristics of the product are prompt and long-sustained relief of symptoms and relative absence of constipating effect. The tablets are palatable, disintegrate rapidly, and need not be chewed.

Your pharmacist can supply ALMINATE in bottles of 100 and 500. Complete literature and a test supply on request.

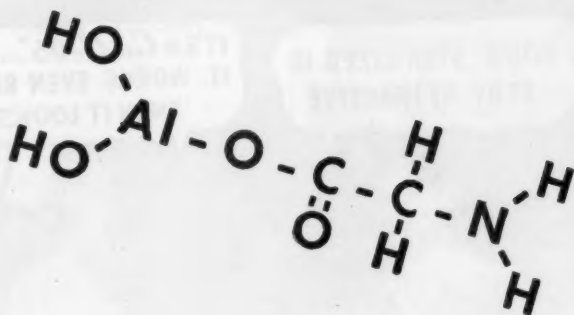
**ALMINATE**  
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YOUR STERILIZER IS  
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IT'S A *Castle* "95"... AND  
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For full details about the  
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*Castle*  
LIGHTS AND STERILIZERS

## M.D. Auto Priorities

[Continued from page 56]

ferent sections have tried to work out priority plans with local dealers, but none has reported any notable success. Even more aggressive are the newly formed physician-veterans' associations.

The Physician Veterans of Bronx County, New York, for instance, declared that auto dealers are not interested in selling cars, even to veterans, except on a black market basis, a procedure it termed "a prostitution of decent business." The organization revealed that it had requested Bronx County dealers to earmark one car a month for a physician. Only one of the fifty in the county would try the plan the association declared, and "in six months the dealer gave us two cars. That was the end of our plan."

But physicians who work for Kaiser-Frazer, at least, are sitting pretty. The company recently announced that 5 per cent of its cars would be set aside for purchase by employees.

—A. G. ROSS

## Anecdotes

¶ MEDICAL ECONOMICS will pay \$5-\$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Address Medical Economics, Rutherford, N.J.



## GOMCO CIRCUMCISION CLAMPS

The profession is turning more and more to this new, yet proven method: a bloodless circumcision technique. Gomeo Circumcision Clamps greatly simplify the operative procedure on newborns or adults—require less time—give clean-cut incisions which seal in 24 hours. No sutures needed with newborn. Danger of infection greatly reduced. Used by thousands of physicians.

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SURGICAL MANUFACTURING CORP.  
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## DISTINGUISHED ACHIEVEMENT

During its existence of over 100 years, Angostura aromatic bitters has been accorded 32 international awards. This world-wide acknowledgment of its superiority is a distinction which no other similar preparation enjoys.



THE WORLD'S BEST-KNOWN STOMACHIC

**ANGOSTURA**  
AROMATIC BITTERS  
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# Tarbonis

All the Therapeutic Value of Tar in an  
Odorless, Greaseless, Non-Staining,  
Non-Soiling, Vanishing-Type Cream.

When secondary infection is not a complicating feature, Tarbonis remains the method of choice for the treatment of the many skin lesions known to respond to tar. It provides 5% highly active liquor carbonis detergens, together with menthol and lanolin, in a greaseless, odorless, stainless vanishing cream base. Tarbonis is specifically indicated in eczema (including the infantile and atopic varieties), psoriasis, ringworm, occupational dermatoses, folliculitis, seborrheic dermatitis, intertrigo, pityriasis, varicose ulcers, contact dermatitis, lichen planus, ulcer hypostaticum.



## THE TARBONIS COMPANY

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# Sul-Tarbonis

A Rational Combination, Effective in  
Many Heretofore Intractable Skin Conditions



Sul-Tarbonis combines the well-established therapeutic efficacy of Tarbonis (Liquor Carbonis Detergens 5%) with the proven antibacterial actions of sulfathiazole (5%). It thus provides a rational effective means of treating impetigo contagiosa, chronic infectious eczematoid dermatitis, infected varicose and other chronic ulcers, infected tinea corporis and pedis, pyoderma, and all other types of infected cutaneous lesions. As emphasized by Kenney et al. (Kenney, E. L.; Pembroke, R. H.; Chatard, F. E., and Ziegler, J. M.: Sulfathiazole Ointment in the Treatment of Cutaneous Infections, J.A.M.A. 117:1415 [Oct. 25] 1941), this combination of sulfathiazole and liquor carbonis detergens (in ointment form) combats not only the underlying dermatologic lesion but the secondary infection as well.

Physicians are invited to send for literature and clinical sample of both products

## Eight Ways to Improve Your Relations with Dentists

*A dental surgeon has some ideas for  
closer professional teamwork*



Too often a strained physician-dentist relationship can be traced to a simple misunderstanding rather than to a deliberate lack of cooperation. Physicians as a group seem to be most considerate of us dentists; those who aren't generally fail to realize that their attitude may affect the well-being of a patient who is undergoing both medical and dental treatment.

For example, a woman sent to the dentist after a cursory oral examination by her physician says, "My doctor says you should take out these three front teeth." But a careful X-ray and instrumental examination by the dentist indicates that treatment, not extraction, is necessary. When the dentist reports his findings the physician hits the ceiling: "If you don't want to take out those teeth, I'll get someone who will." Faced with this ultimatum the dentist must either surrender the case or continue with a procedure that seems to him as foolish as the amputation of a foot to cure an aching corn.

Situations of this kind are avoided if the physician communicates with the dentist direct. A note or a phone call will almost certainly result in a cooperative effort from which the patient, as well as both

practitioners, will be better off.

Much friction between the two professions could also be eliminated if more physicians understood clearly what dentists expect, and need, in the way of cooperation. Here are some suggestions:

Give the dentist credit for knowing his specialty. To make decisions of a strictly dental nature, the experienced, well-trained dentist is better qualified than the average M.D.

When you suspect dental infection, ask for a complete dental examination (including X-rays) and a diagnostic report.

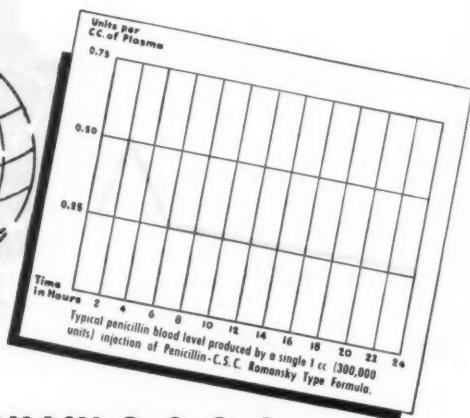
Remember that X-ray has limitations as an aid in diagnosing dental conditions. Often a physician will ask a patient to bring in his dental X-rays, then send the films back to the dentist (via the patient) after marking the teeth he believes should be removed. No reliable dentist would attempt to diagnose a case by study of films alone; nor should a physician.

Let consultation be encouraged in periodontal cases. As a rule the dentist should then have the physician's report on the patient's general physical condition.

In cases involving nutrition, the  
[PLEASE TURN TO PAGE 112]

# *A Single Injection...*

## and effective blood level



## **ALL PENICILLIN-C. S. C. is PENICILLIN G and REQUIRES NO REFRIGERATION**

**PENICILLIN-C.S.C. Crystalline SODIUM SALT**—Highly purified, heat-stable, crystalline penicillin sodium, applicable for every penicillin need. Requires no refrigeration, even in the tropics. Supplied in serum-type bottles containing 100,000, 200,000, and 500,000 units.

**PENICILLIN-C.S.C. Oral**—Tablets for oral administration, containing 50,000 units of Penicillin-C.S.C. Crystalline Potassium Salt. Destruction of contained penicillin by gastric acids is largely prevented by presence of glycerides and sodium salts of fatty acids. Supplied in bottles of 8 and 48 tablets.

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24 hours

AS the chart at the left depicts, a clinically effective penicillin blood levels are readily produced and maintained for 24 hours by a single 1 cc. (300,000 units) intramuscular injection of Penicillin-C.S.C. Romansky Type. Thus the inconvenience of multiple daily injections is overcome, and the need for hospitalization is frequently obviated, since one visit daily by the physician suffices.

The relatively high penicillin blood levels produced by Penicillin-C.S.C. Romansky Type make this preparation applicable not only in the treatment of gonorrhea, but also in all other infec-

tious diseases due to penicillin-sensitive organisms, except when unusually high doses are required, as in subacute bacterial endocarditis, or when specific administration is indicated, such as intrathecal injection.

The vial may be immersed in boiling water for rapid liquefaction of the contents, without any danger of destruction of the contained penicillin.

Available in 10 cc.-size aluminum-sealed, rubber-stoppered, serum-type vials, each cc. containing 300,000 units of Penicillin-C.S.C. Crystalline Potassium Salt in a peanut oil-beeswax mixture.

**C.S.C. PHARMACEUTICALS**

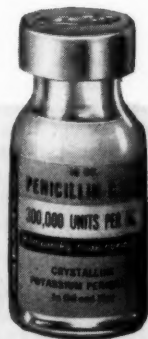
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**PENICILLIN-C. S. C.**

*Romansky Type*



## From where I sit ... by Joe Marsh



### Are Returning Veterans "Different"?

During the war you heard a lot about how hard it was going to be for returning veterans to get adjusted to civilian life . . . how they'd be "different."

Well, plenty of them have returned to our town, and a finer, steadier bunch you couldn't ask for. Most of them are back at the same jobs . . . going with the same nice home-town girls (getting married, some of them, and setting up families) . . . renewing the same old friendships.

Even their amusements are the same. Nothing more exciting than fishing Seward's Creek or pitching horseshoes . . . enjoying an outdoor barbecue with friendly wholesome beer and pleasant talk.

If they've changed at all it's in the direction of maturity and tolerance . . . tolerance for everything except dictators, and those who would destroy our democratic principles of live and let live. And from where I sit, that's another reason to be proud of them.

*Joe Marsh*

Copyright, 1948, United States Brewers Foundation

## Dentist Relations

[Continued from page 109]

enlightened physician and dentist cooperate closely. Without change in dietary habits, the control of dental caries may be impossible. And unless the dentist first consults with the patient's physician, he may prescribe diet that conflict with his medical treatment.

Another excellent opportunity for joint effort is present in obstetrical cases. During pregnancy, when gums often bleed easily, the physician sometimes suspects that a woman has gingivitis or Vincent's infection. A careful dental examination will prove whether or not the condition is a temporary one that will clear up after delivery.

In the new field of psychosomatic dentistry, the dental profession is especially dependent upon psychiatrists; and every effort should be made to encourage joint treatment. How important this can be is illustrated by a recent case: A woman going through menopause had several sets of teeth made before the dentist discovered why she had found them all unsatisfactory. He sent her to a psychiatrist, and after her emotional strain had been lessened by treatment, the dentist had no difficulty in providing a satisfactory denture.

Dentists, by spotting incipient disease, are influential in sending many patients to physicians before it is too late. Physicians can reciprocate by referring patients to their dentists when examination and prophylaxis are plainly indicated.—DOUGLAS W. STEPHENS, D.D.S.



**HEPTUNA** —A potent and effective approach in the management of hypochromic anemia with its multiple nutritional and other systemic manifestations.

**EACH CAPSULE CONTAINS:**

Ferrous Sulfate U.S.P.	4½ Grains
Vitamin A (Fish-Liver Oil)	5,000 U.S.P. Units
Vitamin D (Tuna-Liver Oil)	500 U.S.P. Units
Vitamin B <sub>1</sub> (Thiamine Hydrochloride)	2 mg.
Vitamin B <sub>2</sub> (Riboflavin)	2 mg.
Vitamin B <sub>6</sub> (Pyridoxine Hydrochloride)	0.1 mg.
Calcium Pantothenate	0.333 mg.
Niacinamide	10 mg.

Together with a Liver Concentrate (Vitamin fraction) derived from 6.5 Gm. fresh liver and dried yeast U.S.P. Not intended for use in the treatment of pernicious anemia.

# Heptuna

For the speedy correction of the anemia syndrome and its associated multiple nutritional deficiencies, iron alone is usually inadequate. All the lacking essential nutrients must be supplied, by both diet and appropriate medication. Supplied in boxes of 50 and 100 capsules.

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December is a **Par-Pen** month



The demand for an aqueous penicillin-  
vasoconstrictor combination for local rhinological  
use has been answered with PAR-PEN.

PAR-PEN combines the potent antibacterial action of penicillin  
and the rapid, prolonged vasoconstriction of Paredrine

Hydrobromide Aqueous. The value and clinical applications  
of PAR-PEN will be immediately apparent to every physician.

*Smith, Kline & French Laboratories, Philadelphia*

**the penicillin-vasoconstrictor combination**

**Par-Pen**

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# What They're Reading

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## WHITE HOUSE PHYSICIAN

*By Vice-Admiral Ross T. McIntire, Surgeon General of the Navy. 244 pages. G. P. Putnam's Sons. \$3.*

The man who accompanied President Roosevelt on every trip he made, both at home and abroad, adds an M.D.'s contribution to the growing mass of FDR lore. Ross McIntire's book reflects the fact that he was far more than a White House physician. He was an intimate friend with whom, twice a day, the late President would talk freely. "White House Physician" is a simple synthesis of FDR's medical record and his after-hours commentaries.

Admiral McIntire tackles the rumor-ridden question of the former Chief Executive's health. "The President," he says, "never had a stroke, never had any serious heart condition, never underwent operations other than those for the removal of a wen and the extraction of an infected tooth." The author describes how one garrulous physician who spread "malignant malady" tales was tracked down and very nearly prosecuted. He portrays his losing struggle to keep the President on an exact regimen and describes FDR's personal fight against paralysis (still an inspiring case-history).

The book shows the slick professional touch of collaborator George

Creel when it goes behind the political scene. FDR's reasons for running in 1940 and 1944, his off-the-record reactions at Casablanca, Quebec, Teheran, and Yalta, and his comments on his "kitchen cabinet," are made fresh and highly readable. M.D.'s who find "White House Physician" on their Christmas tree won't be in any hurry to get down to the exchange counter.

## DEBATE HANDBOOKS

### MEDICAL CARE

*Edited by Bower Aly. The National University Extension Association. Two volumes, 220 pages each. Lucas.*

### COMPLETE HANDBOOK ON STATE MEDICINE

*By J. Weston Walch. 170 pages. Platform News Publishing Co. \$2.50.*

### FREE MEDICAL CARE

*Compiled by Clarence A. Peters. 378 pages. H. W. Wilson. \$1.25.*

"Resolved: That the Federal Government should provide a system of complete medical care available to all citizens at public expense."

Medical care is the 1947 debate topic for America's high school students. Before the year is out, physicians who haven't gotten around

to crystallizing their views may find themselves hard-pressed by youthful interrogators. To M.D.'s, the three handbooks listed above offer a certain self-protection value as well as highly provocative reading.

The NUEA's "Medical Care" is the best. It contains twenty-one articles written especially for the occasion, plus a sizeable spate of reprints. Physician-readers are, however, apt to get an uncomfortable early impression that the pros are being favored.

Dr. Ernst P. Boas and Michael M. Davis fill large chunks of Volume I with statements along the lines of "This bill [W-M-D] does not affect the present set-up of medical practice," and "The publicity [that voluntary plans] have received its entirely out of proportion to their actual accomplish-

ment." Martha Eliot, Arthur J. Altmeyer, and Leo Linder add their voices to the Federal medicine chorus. You may begin to wish that Dr. Lowell S. Goin had written seventy pages on "Compulsory vs. Voluntary Plans" instead of seven—even though those seven are the most lucid in the book.

But it all comes right in Volume II of "Medical Care." Dr. Allan M. Butler's "Minority Views" are more than compensated by the telling rebuttals of Dr. Louis H. Bauer and the American Bar Association. The finale is almost no contest. For "The Case for Public Medicine," the editors chose a piece written by Dr. Joseph Slavitt in 1935. Closing speaker for private medicine is, oddly enough, the U.S. Chamber of Commerce, which manages nicely.

[PLEASE TURN TO PAGE 172]

# Peacock's BROMIDES

*Antispasmodic  
Sedative  
Somnifacient*

## for Oral Administration

This palatable combination of alkali and alkaline earth bromides provides a prompt, pleasant and rather long lasting sedation.

In ordinary doses Peacock's Bromides tends to depress an abnormal irritability of the nervous system, and to eliminate worry, anxiety, nervousness and excitement due to mental or physical strain, to neurasthenia and to hysteria. Each fluid dram is standardized to contain 15 grains.



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54 ounces of ultra violet efficiency, ready to  
perform quickly and effectively the moment  
you take it from its bracket on your wall

The Spot-Quartz intense radiation is bactericidal  
and actively erythematogenic with minimum  
pigmentation. Ideal for skin conditions and  
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## Insurance Practice

[Continued from page 89]

younger men as examiners. In fact, some encourage resignation after five or ten years of service. Nevertheless many an older man can still take on insurance work.

The simplest and most direct method of securing an appointment is to write to a home office medical director. Another method is to have a local agent propose your name when he knows that an opening exists or is impending. Few appointments are made without a thorough investigation of the applicant's qualifications, though agents sometimes seek any local doctor's services in an emergency when the reg-

ular examiner is not available. Since emergency work may lead to an appointment, it is well to establish contact with agents in your community.

How many cases you will get is often less dependent upon the size of the company than upon the productivity of the local agent in writing new policies. It should be remembered that some agents, even though they represent one or more well known companies, devote a considerable part of their time to real estate and other interests in addition to selling life insurance. Thus it may be more profitable for an examiner to work for companies represented locally by a solicitor who handles insurance exclusively.

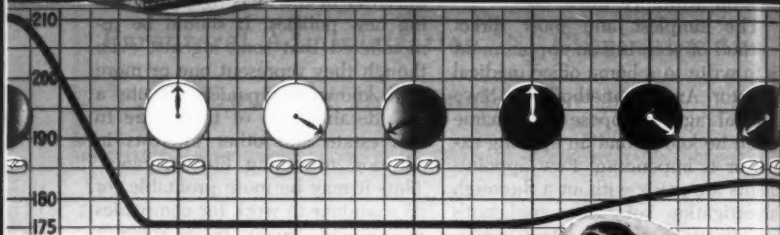
—FREDERICK COLEMAN



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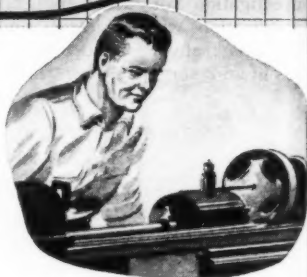
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Reg. U. S. Pat. Off.



# The Case of the Vanishing Nurse

*The why of the nursing shortage, and  
what M.D.'s can do about it*



In headlines across the country, the story has been told. Graduate nurses by the thousands no longer want to nurse.

In Hartford, Conn., the state police department took on seven new members for its women's division. Five of them turned out to be R.N.'s changing professions for a \$1,900-a-year job.

In Chicago a department store added a new saleswoman: a nurse who formerly had worked in its medical department. She reported that the change had brought her a 250 per cent salary increase, and, for the first time, "a life of my own."

In New York depleted nursing staffs forced eighty-five hospitals to shut down a total of 2,091 patient beds. Other cities reported similar crises.

Everywhere it took increasing cajolery for physicians to obtain twenty-four-hour private nursing care for seriously ill patients. Many hospitals were operating with skeleton nursing staffs.

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► Anne M. Goodrich, R.N., author of this article, was formerly associate editor of *R.N.*, top-circulation magazine in the nursing field.

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By one accepted standard each hospital patient should have three hours of nursing care out of every twenty-four. Today the average is thirty-five minutes.

Fingers have been pointed lately at a Department of Labor forecast made in 1942. The department is accused of having "crystal-balled-it-up" then by predicting a 21,000 surplus of registered nurses by 1948.

Yet in one sense the department was dead right. In 1940 the country had 286,000 graduate nurses. Between 1940 and 1945, 163,000 new graduates joined their ranks. Even the normal attrition caused by marriage and old age should have left a comfortable margin beyond the 359,500 that the National Nursing Council says are needed today.

Instead, only 317,800 nurses are "available." And that figure includes 37,900 released from the armed services and 35,600 students slated for graduation in 1946, many of whom will certainly shift into other fields.

In short, there are plenty of registered nurses; but a good 100,000 of them are not nursing.

Physicians can expect the problem to get worse before it gets better. The National Nursing Coun-

cil's committee on careers in nursing set a goal of 40,000 student-nurses for this year's classes. Yet early this fall 70 per cent of the classes were still unfilled. Most schools have fallen far short of their quotas.

Between 1940 and 1945, dwindling nursing staffs in U.S. hospitals had to cope with a total of 500,000 new beds. Nor did they get extra help. The total number of practical nurses and attendants in the same hospitals dropped 8,000, causing a still greater strain on the nurses who remained. In some hospitals today staff resignations are a daily occurrence.

Can the trend be reversed? One large city's department of hospitals showed that it could, almost overnight. The department published a new directive guaranteeing nurses a starting salary of \$2,400 a year with two meals a day supplied. It called for a 40-hour, five-day week; twenty-five days of vacation, seven holidays, and fourteen days sick leave a year. Within six weeks the department added 481 R.N.'s to its staff. Physicians who have set up similar standards in their own offices have been swamped with applicants.

Such a wage scale is not within the reach of every hospital or of every physician-employer. But no campaign to avert a complete nursing collapse can neglect drastic increases in nurses' pay. The average staff nurse working in a hospital

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## Handitip

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### Lock-Light

Ever had trouble unlocking your office door on a dark night? You can put an end to keyhole fumbling by installing a new battery-and-bulb combination. According to the manufacturer, it takes only five minutes to install, it lights up the doorknob area when needed, and it cannot be left on by mistake.

---

receives (according to the National Nursing Council) \$980 a year plus maintenance and without any retirement benefits. That figure alone is reason enough for thousands of R.N.'s to try something else.

But more than higher pay is needed to turn the tide. An abridged version of the nurse's work-week seems in order. The prevailing forty-eight-hour week does little to gain recruits. In fact, it seriously curbs enrollment of student-nurses once they comprehend that an eight-hour day can easily become twelve hours of confinement to the hospital because of "split hours."

The specter of old-age insecurity steers others away from the profession. Hospitals, most of them non-profit institutions, rarely provide nurse employees with any sort of retirement benefits. Private-duty

[PLEASE TURN TO PAGE 126]

**Lifetime**  
**Baumanometer**  
STANDARD FOR BLOODPRESSURE



When loss of appetite  
retards convalescence . . .

The importance of stimulating the appetite of the convalescent with an effective tonic has been stressed for years; more recently by Wilkins in *Medical Clinics of North America* (29:1215, Sept. 1945).

**Eskay's Theranates . . .** outstandingly palatable, light and easily tolerated—is the ideal tonic to restore appetite, increase intake of necessary nutritional factors, and thus speed the convalescent to full recovery.

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the formula of  
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Neuro Phosphates,  
plus appetite-restoring  
Vitamin B<sub>1</sub>

# At Last...

**A Cold Quartz Tube that ...**

**NEVER DECREASES IN INTENSITY ...**

**NEVER BURNS OUT ...**

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Designed to permit exposure of any part of body, the reflector assembly is easily removed for use as hand instrument.



Spot application of any lesion can be made easily and conveniently with either the lamp or the Official Applicator.

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THE *Sun-Kraft* Cold Quartz Ultra-violet Ray Lamp (Model S-1 for professional use) produces ultraviolet rays by radio-frequency ionization of low-pressure mercury vapor. The need for electrodes in the tube is eliminated, hence the quartz tube never fogs, never decreases in intensity, never burns out.

Its ultraviolet ray output far surpasses the standard requirements for cold quartz therapeutic lamps set by the Council on Physical Medicine of the American Medical Association. At 24 inches Model S-1 delivers 100 microwatts per square centimeter (minimal Council requirement, 36 microwatts).



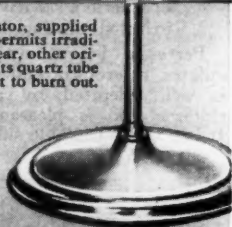
Since virtually no heat rays are emitted, the quartz tube may safely be placed even in close contact with the skin area to be irradiated.



Official Applicator, supplied in special case, permits irradiation of mouth, ear, other orifices, and scalp. Its quartz tube is guaranteed not to burn out.

Model S-1 Sun-Kraft Lamp, complete with floor stand, official applicator, and protective case, \$148.50.

Also available is the Sun-Kraft Model A-1 lamp specifically designed for home use when the prescription calls for ultraviolet therapy between office visits.



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# **PERTUSSIN** in successful use for over 30 years for **COUGHS** in

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In Pertussin—the active ingredient—Extract of Thyme (unique Taeschner Process) effects relief of coughs not due to organic disease, because it:

1. Relieves dryness by stimulating tracheo-bronchial glands.
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Pertussin is entirely free from opiates, chloroform and creosote. It is well tolerated by adults and children and is pleasant to take. It has no undesirable side action.

**PERTUSSIN**

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## **The Vanishing Nurse**

[Continued from page 122]

nurses find this factor even more compelling. Their salaries, unlike those of most nurses, have kept pace with the cost of living (they rose from a prewar \$5-\$6 per twelve-hour day to a current \$7-\$9 for an eight-hour shift). But in most states private-duty nurses are listed among the self-employed and cannot share the old-age protection available to most salaried professional women.

Many physicians have discovered that the post-war R.N. is newly conscious of her professional status. In the Army and Navy she was treated as an officer. In a factory she is classed as an executive. The Veterans Administration gives full recognition to her professional standing. By contrast she may find home and hospital nursing a curb on her initiative.

In some institutions the menial chores long associated with nursing are being performed by extra ward-maids and orderlies. Nurses' aides, though of little help in real emergencies, free trained nurses for more essential work.

Last month registered nurses were bringing a new weapon to bear. The American Nurses Association, meeting at Atlantic City, voted unanimously for a vigorous program of collective bargaining. At the same time, both the CIO and AFL were attempting to move in as regular members of nursing's household. R.N. unions already exist in Chicago, Los Angeles, New York, and other large cities.

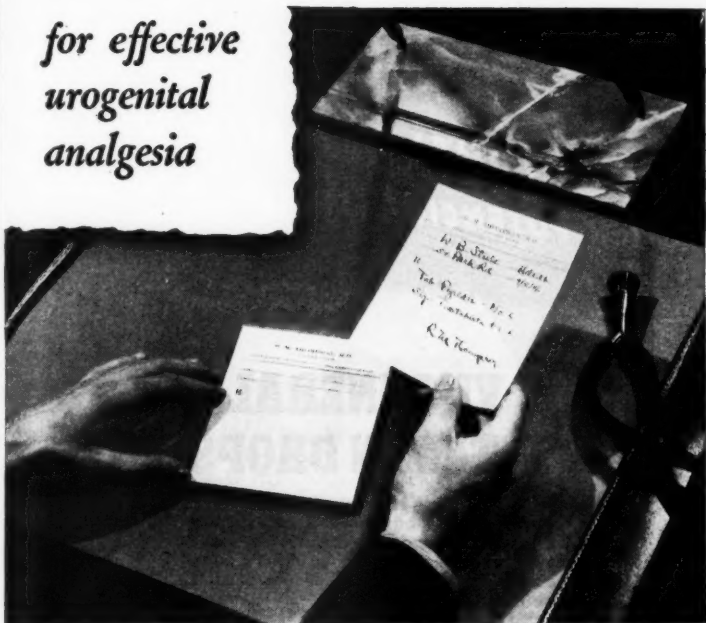
—ANNE M. GOODRICH, R.N.

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Following oral administration, Pyridium produces a definite analgesic effect on the urogenital mucosa. This action contributes to the prompt and effective relief that is so gratifying to patients suffering with distressing urinary symptoms.

Acting directly on the mucosa of the urogenital tract, this important

effect of Pyridium is entirely local. It is not associated with or due to systemic sedation or narcotic action.

Therapeutic doses of Pyridium may be administered with virtually complete safety throughout the course of cystitis, pyelonephritis, prostatitis, and urethritis.

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more than vitamins A and D alone

Each 0.6 cc. provides:

Vitamin A*	5000 U.S.P. Units
Vitamin D*	1000 U.S.P. Units
Ascorbic Acid (C)	50 mg.
Thiamine (B <sub>1</sub> )	1 mg.
Riboflavin (B <sub>2</sub> )	0.4 mg.
Pyridoxine (B <sub>6</sub> )	0.1 mg.
Niacinamide	5 mg.
Pantothenic Acid	2 mg.

\*Natural vitamins A and D

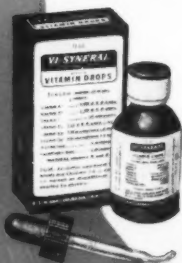
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# Your Work Load Under a Compulsory Sickness Insurance System

*General practitioners would average  
twenty-one patients a day*



Compulsory health insurance would saddle the U.S. physician with a year-in-year-out patient load equal to that experienced during the wartime doctor shortage.

If no increase in patients' demands for service occurred, Federal medicine would probably require of U.S. general practitioners some 690 million professional visits each year. It would mean an average of 21.3 visits a day, 324 days a year for each family physician. This estimate is based on three factors: the number of visits required each year by the average person; the number of physicians available to carry the load; the average number of working days per year per physician.

Under the Wagner-Murray-Dingell Bill, 85 per cent of the population would be covered from the moment of the plan's adoption. Ultimately the entire population, excluding the armed forces, would be included. Thus, 138 million persons would be entitled to unlimited general practitioner service and to such specialist service as the G.P.'s recommended.

In 1933 Drs. R. I. Lee and L. W. Jones, in a study of "The Fundamentals of Good Medical Care" for the Committee on the Costs of Medical Care, estimated that the average person requires 4.5 general practitioner visits during the year.

Their figure makes no allowance for the aging of the population since 1933 or for the resulting increase in the incidence of ailments requiring medical care. A recent report by New York State's Legislative Commission on Medical Care says that the increase in professional visits required by the aged has almost offset any lessened demand resulting from the use of new drugs.

Malingering would probably increase the total number of visits by 10 per cent. Therefore, under Federal medicine it is estimated that the average person would require five visits per year. Thus,

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► Elizabeth W. Wilson, Ph.D., the author of this analysis, was formerly an associate actuarial mathematician in the Social Security Administration. A previous article by her, entitled, "Your Income Under Federal Medicine," appeared in October MEDICAL ECONOMICS. Miss Wilson assumes here that most doctors, ostensibly given their choice under Federal medicine, would practice on a fee-for-service basis. How much greater their work load would be if they were led to practice for capitation fees can be imagined.

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with 138 million persons ultimately covered, U.S. family doctors would be responsible for some 690 million home and office visits every twelve months.

How many G.P.'s would be available to provide this service? Before the war there were about 132,000 U.S. physicians in private practice. This number included 36,000 full-time specialists. In the past four years there has been a net increase of about 8,000 doctors. But the armed services expect to need a much greater number of physicians than the 2,100 who were on active duty before the war. Other agencies, particularly the Veterans Administration, have substantially increased their staffs. Passage of the Hill-Burton Bill promises to lure many into hospital administrative jobs. Industrial medicine has at-

tracted many new men into that field. A Wagner-Murray-Dingell bill, if enacted, would require the services of several thousand doctors (possibly as many as 10,000) for administrative work. By providing for an expansion of existing public health services and for grants-in-aid for medical education and research, Federal medicine most certainly would increase the number of doctors now employed in these fields.

The number of G.P.'s available for panel service probably would not exceed 100,000, even including those specialists who might be forced back into general practice should the program arbitrarily limit specialism. Each of those 100,000 physicians, on the average, would therefore be responsible for 6,900 professional visits a year.

According to the Fifth MEDICAL



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ECONOMICS Survey, 324 days comprise the working year of the typical U.S. practitioner. To carry his share of the burden of medical care, each of the 100,000 physicians on panel duty would have to average 21.3 visits a day. On many days the load would far exceed this average. It would, for example, be much higher in the months between November and March. During that period many doctors might see as many as thirty-five patients every day.

A healthy, active physician might be able to manage such a load temporarily (during the war, M.D.'s averaged 25 visits a day). But eventually those unable or unwilling to stand the pace would begin to fall below the required 21.3 estimate. This would increase the burden on the others.

—ELIZABETH W. WILSON, PH.D.



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Tyrosine	4.2%	*Leucine	8.1%
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## Mortgage Investments

[Continued from page 103]

the property; a credit statement of the borrower.

Investors often want a non-amortizing mortgage because the agreement can be renewed at the end of each three- or five-year contract period. Many mortgages now existing have been extended for upwards of forty years.

U.S. mortgages last year amounted to \$32 billion. This figure topped (1) the total deposits in all savings banks, (2) the value of all stocks listed on the New York Stock Exchange, and (3) the assets of all U.S. insurance companies.

Savings banks associations at recent conventions have expressed their confidence in the continued safety of mortgage loans. They do not interpret the current real estate boom as warning of a coming slump in mortgage values.

The present real estate boom makes it difficult, of course, to determine a fair value for property. But the physician who needs advice on this score before investing in a mortgage can generally find a competent appraiser to help him. The fee for an appraisal, while paid by the investor, is not a major factor in the transaction. And expert advice will help to reduce the risk involved in investing in small first mortgages.

—HOWARD M. BASSETT, LL.B.



"SHURE, AND HE MUST BE GETTIN' BETTER, DOCTOR, ONLY THIS MORNIN', IT WAS,  
HE TRIED TO HIT ME!"

*The only*  
*vasoconstrictor-sulfonamide*  
*which contains Microform*

**M**icroform sulfathiazole crystals are extremely minute—approximately 1/1000 the mass of ordinary crystals.

Because Paredrine-Sulfathiazole Suspension contains these minute Microform crystals, it does not cake or clump, and does not inhibit normal ciliary action. (See the clinical drawings on the opposite page.)

Moreover, when ciliary action is impaired by infection, the Suspension's Microform sulfathiazole spreads in a fine, even film over the affected mucosa, where it establishes bacteriostasis which often lasts for hours.

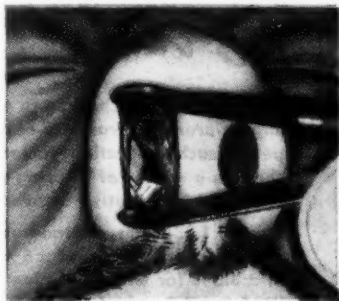
*Rhinitis . . . Sinusitis . . . Nasopharyngitis . . . Pharyngitis*

*Paredrine-*  
*Sulfathiazole*  
*Suspension* *Vasoconstriction in minutes*  
*. . . Bacteriostasis for hours*

*No ciliary inhibition...*

*No caking... No clumping*

*sulfathiazole*



● Five minutes after instillation of Par-  
edrine-Sulfathiazole Suspension in a con-  
valescent nose, the cilia are already form-  
ing streams of Microform sulfathiazole.



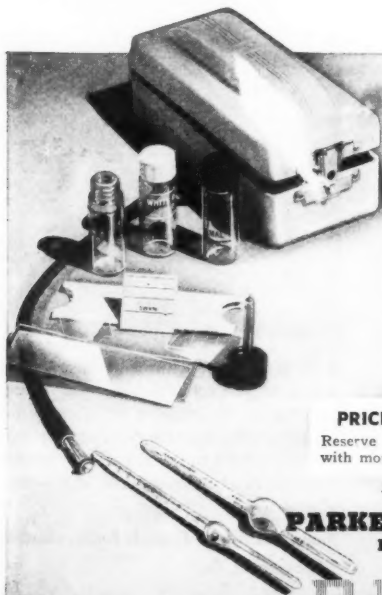
● 35 minutes later, the cilia have swept  
almost all the sulfathiazole away. There  
is no caking or clumping on *ciliated* epi-  
thelium. A few crystals, dried by inspired  
air, still adhere to the *non-ciliated* ante-  
rior borders of the turbinates and to the  
vibrissae.

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are scientifically re-checked to establish existing differential errors. On each individual pipette, such correction factor is plainly etched as a means of insuring greater and more rapid interpretive accuracy.

Under U. S. Bureau of Standards specifications, differential errors of  $\pm 5\%$  for red cell and  $\pm 3.5\%$  for white cell pipettes are permitted. The B-P etched correction factor compensates for these allowable errors. Hence, when accuracy is paramount, B-P Re-tested Pipettes are indicated.



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serves a valuable time-saving function in bedside routine.

- Fully equipped with necessary accessories for obtaining blood specimens (red, white, or differential). Pre-examination of Case instantly reveals omission of essential components
- Provides a safe means of conveying, intact, diluted blood and blood smears to the office or laboratory. Minimizes call-backs.
- This pocket-size Case is compact, sturdy and convenient. Its professional appearance carries an unusual appeal.

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# Malpractice from the Standpoint of the Patient's Lawyer

*Attorney wants negligence cases brought into the open*



A malpractice suit does not differ fundamentally from any other law suit based upon charges of negligence. The law, however, makes it more difficult to prove malpractice than to prove ordinary negligence. No matter how bad the result of a physician's work, the plaintiff's attorney cannot use that result to prove the doctor's negligence. Negligence must be established by the expert testimony of other physicians. Thus the law affords the negligent physician much greater protection than it gives the defendant in an ordinary negligence suit.

Statutes of limitation also help to protect the physician. In California, for example, a suit for malpractice must be instituted within a year after the act of omission or commission. Frequently the twelve months have elapsed before the patient concludes that his physician has been guilty of negligence.

---

► Presented here by special arrangement with the Los Angeles County Medical Association, Mr. F. Murray Keslar's remarks offer a stinging challenge to physicians.

---

I have two criticisms to make of physician-defendants: (1) They invariably refuse to admit any possibility of negligence. (2) They, their insurers, or their medical-society colleagues often attempt to defeat the plaintiff's rightful claim by illegal pressure tactics.

The lawyer who files a malpractice suit may be ostracized by local physicians. Bringing suit against one doctor is often viewed by the others as a personal affront.

Members of the medical profession should realize that the law requires a negligent physician to pay for his negligence. If all doctors lived up to the Hippocratic Oath, we would have few malpractice suits.

I admit that one lawsuit won by a plaintiff may bring an avalanche of other suits. Consequently before filing suit it is important that a lawyer exercise sound judgment in determining (1) whether the physician actually was negligent; (2) whether his negligence resulted in injury to the patient; (3) whether there was any contributory negligence on the part of the patient. Only when the attorney is satisfied that all the elements of malpractice are present should he bring suit. Then, in justice to his client, he

should carry the suit to as successful a conclusion as possible.

The average doctor says, in effect, "I cannot guarantee a good result. It is too bad that the result was not as expected. But I used my best judgment."

Any fair-minded physician will agree that a doctor is negligent if he fails to have X-rays taken to determine the existence of a suspected fracture. Yet many cases arise in which the physician does not make use of this diagnostic procedure when it is available.

Recently in Los Angeles a man who had gangrene in one of his legs was sent to the hospital. After an operation had been performed, it was discovered that the wrong leg had been amputated. That was a clear case of negligence (which, incidentally, cost the insurance company \$35,000). It and the following cases prove that physicians do not always exercise skill and care they should:

¶ In dressing a wound at a patient's home a physician used ordinary cologne to cleanse the cut and a towel as a bandage. When infection set in it became necessary to amputate the patient's hand.

¶ A man with an infection in one eye became totally blind after a surgeon removed the wrong eye.

¶ A man who had suffered severe head burns was wearing a tightly wound bandage when he came to the doctor. In attempting to cut away the bandage, the physician slashed off the man's ear.

It is hard to believe that such flagrant negligence exists. Yet the cases I have cited are typical of a number on record in our larger cities.

It has been said that plaintiffs can "buy" physicians to give expert testimony. In my opinion, it is far easier for defendants to buy such medical testimony. A doctor who testifies against another is likely to be ostracized; protection of the profession as a whole is often used as an argument to get testimony for a defendant.

In every case I have had to date (and I am not alone in this regard), medical men have testified that the defendant was not guilty of negligence; then, under cross-examination, when they have not been able to justify the defendant's acts, these expert witnesses have either admitted that the defendant should have acted otherwise, that they themselves would have acted otherwise, or that no reputable physician would have acted thus.

A physician once promised to testify as an expert witness in behalf of a plaintiff-client of mine. He had examined the plaintiff and was convinced that the man was suffering from an injury resulting from malpractice. Before the case came to court, I made the mistake of revealing the name of my witness, who was on the faculty of a leading medical school. When it became known the night before the trial that he was to appear as an expert for the plaintiff, he was informed that he would be discharged from the faculty if he testified.

In another case, about a year ago, I was careful not to reveal the name of the doctor who was to appear for my plaintiff-client. During a short court recess another physician with whom I was talking received a telephone call. I was



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sitting so close to the phone that I heard both sides of the conversation. The caller asked if the physician knew anyone who could prevail upon my witness not to testify further in my client's behalf. Later in the day my witness received several calls from persons who advised him that he was "getting in bad" with the medical association for testifying against a fellow doctor.

*Every expert witness I have ever had has been subjected to pressure of this kind and every attorney of my acquaintance who has ever represented a malpractice plaintiff has had the same experience.*

A few years ago, in cross-examining an expert witness for the defense (a physician who originally had promised to testify in behalf of my plaintiff-client but had

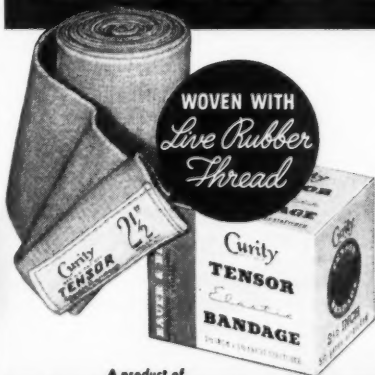
reneged), I asked this question: "Is it not a fact, Doctor, that a certain physician got you to change your intended testimony?" His unexpected reply was, "No, the insurance company did."

It is common knowledge that insurance companies often threaten to revoke a physician's malpractice policy if he testifies for a plaintiff. In many instances such threats are sufficient to prevent court-fearing physicians from becoming witnesses in cases which they honestly believe are legitimate.

Malpractice should be brought out into the open. Good doctors should not have to carry the load that negligent physicians place upon them. Attorneys should be sure that any case they are called upon to handle is a legitimate one.

—F. MURRAY KESLAR, LL.B.

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## PHS Survey

[Continued from page 63]

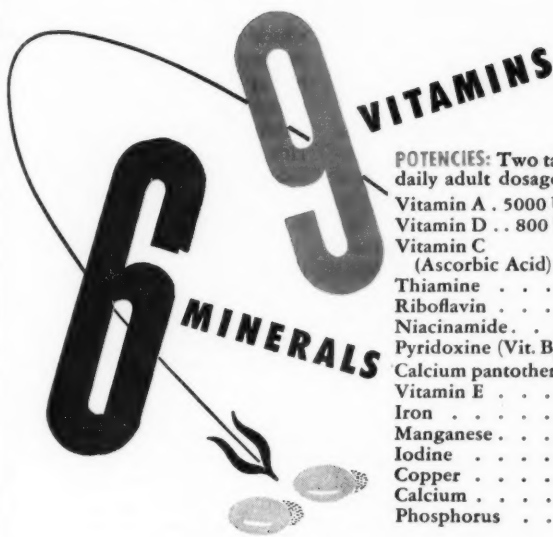
vided by the taxpayer or through increased charges to paying patients. Hospital plans increase the ability of communities to support hospital facilities. Undoubtedly, medical plans that have large coverage will increase the ability of communities to support the medical personnel they need."

But will voluntary plans be able to meet national health needs? The PHS survey takes a dim view.

Says Mr. Reed "An answer requires definition of national health needs. It appears that the public wants and needs prepayment arrangements that provide a comprehensive service. Just how comprehensive is not clear, but adequate requirements probably include hospitalization, physicians' services, nursing and dental care. Plans must assure good quality service, organized and delivered efficiently. They should cover the whole population.

"Virtually no country in the world has been able to achieve this objective completely. Under no circumstances could it be achieved in this country in a short time. When we compare the present plans with this ultimate objective, it is apparent that they fall short in important respects."

Where do present plans fail to measure up to the need? Mr. Reed sums up PHS opinion: "Present plans provide only limited coverage—hospitalization, surgery, obstetrics, and to some extent medical calls in the hospital. It is true that the plans have expanded the scope of their service in the past. Eventually they may be able to



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- Vitamin A . 5000 U.S.P. Units
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(Ascorbic Acid) . 100 mgm.
- Thiamine . . . . . 5 mgm.
- Riboflavin . . . . . 4 mgm.
- Niacinamide . . . 30 mgm.
- Pyridoxine (Vit. B<sub>6</sub>) . 1 mgm.
- Calcium pantothenate 5 mgm.
- Vitamin E . . . . . 2 mgm.
- Iron . . . . . 15 mgm.
- Manganese . . . . . 6 mgm.
- Iodine . . . . . 0.1 mgm.
- Copper . . . . . 1 mgm.
- Calcium . . . . . 200 mgm.
- Phosphorus . . 150 mgm.

## All in this Galen Multi-Vitamin Tablet

Galen\* Multi-Vitamin Tablets combine the essentials of vitamin and mineral medication with convenience and economy. Their potencies make them adequate for numerous therapeutic applications; ease of administration and moderate cost make them ideal for regular daily therapeutic use. Two tablets constitute the usual daily adult prophylactic requirement.

Galen Multi-Vitamin Tablets are available to your patients in bottles of 100 at only \$2.35. (*A bottle of 100 will ordinarily constitute a 50-day adult supply.*)

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provide a comprehensive service. But at present rate of development, this evolution probably will take a long time."

Prepayment benefits should be in the form of service, the PHS survey states. It criticizes medical plans for banking heavily on indemnity allowances that "do not provide a complete or satisfactory protection." Present hospital plans do provide their benefits largely on a service basis the survey finds, and it designates this to the medical profession as an example worth emulating.

Mr. Reed further scores prepay plans for lack of concern with quality: "The present plans affect very little the quality of hospital or medical service. In general they merely pay the bills, leaving hospitals and doctors much as before. But any plan that provides benefits on a service basis cannot avoid affecting the quality of service, for good or for evil. It cannot avoid concerning itself with the control of excessive or unnecessary services and with the effective organization of physicians to provide services.

"Present medical plans frequently have few lay persons on their boards. But the ideal plan is one in

which economic and fiscal aspects of prepayment are under the control of the public. After all the purpose of prepayment is to serve the public, and the public foots the bill. Hospital plans have in the last few years taken important steps toward giving the public a greater voice in their control."

What does the future hold for medical prepay plans? As an indication, the PHS survey points to the prepaid hospitalization trend. "Blue Cross plans have gone further than their fondest supporters ten years ago dared hope. They have enrolled about 17 per cent of the civilian population. In some states they are enrolling the population rapidly. In Rhode Island people are joining at the rate of over 20 per cent of the population a year. The rate of enrollment in the states with the highest percentages already enrolled shows acceleration rather than decline.

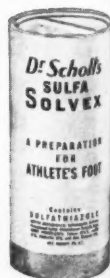
"In many urban and rural communities in the northeastern and middlewestern states, hospitalization plans have enrolled 50 or 60 per cent or more of the total population. In the south, plans have made little progress; only a fraction of the population is enrolled.

[PLEASE TURN TO PAGE 148]

# SULFA SOLVEX

## A NEW FORMULA USED IN THE TREATMENT OF ATHLETE'S FOOT

SULFA SOLVEX is composed of Sulfathiazole and other active ingredients. It is a powder prepared for a dual purpose. Exhaustive clinical tests proved that Sulfa Solvex affords not only effective relief in combatting the primary cause of Epidermophytosis, but also aids in eliminating superimposed infections, frequently occurring in this condition. SULFA SOLVEX relieves intense itching; destroys the fungi on contact; helps prevent reinfection. 50¢ at all Drug stores. By prescription only in states requiring it. A product of The Scholl Mfg. Co., Inc., Chicago.







Since arthritis is primarily a systemic disorder characterized by joint manifestations—systemic detoxification justifiably ranks as a prime objective in most every arthritic's therapeutic regimen.

An ever increasing number of arthritic specialists and general practitioners have found that Occy-Crystine, the sulfur-bearing saline detoxicant-eliminant, provides a rational, efficacious and economical means of inducing:

**Prompt relief** of colonic stasis...**Marked improvement** of liver and gallbladder functions...**Stimulation** of renal clearance of toxins...and **Release** of colloidal sulfur, so frequently deficient in the arthritic economy.

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**FORMULA:** Occy-Crystine is a hypertonic solution of pH 8.4 made up of the following active ingredients: Sodium thiosulfate and magnesium sulfate, to which the sulfates of potassium and calcium are added in small amounts, contributing to the maintenance of solubility.

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"Medical prepayment is at the same stage of development as hospital prepayment was in 1938. If medical plans place their benefits on a full service basis, thus giving the public an adequate share in their control and achieving the status of community agencies, and if they are unified with hospital plans, medical prepayment also should have great enrollment potentialities."

The obstacles to enrollment of the entire population, according to the PHS survey, are these:

¶ A considerable share of the population cannot afford the subscription cost. This segment becomes greater as the benefits become more comprehensive (and the cost higher).

¶ Many who could afford medical prepayment do not, through ignorance, indifference, or inertia, become subscribers.

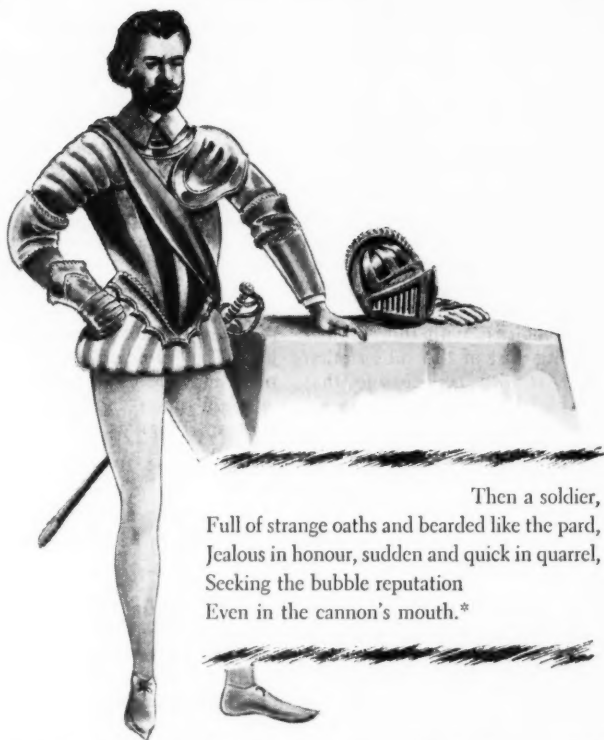
¶ The processes of education that the plans conduct through their enrollment campaigns are necessarily limited. Much time will be required to enroll all those who can be enrolled.

"Consideration of these factors," says the PHS, "indicates that the plans by themselves never will be able to enroll the entire self-supporting population in any reason-

### ANSWERS TO PRONUNCIATION QUIZ

(See page 59)

1-A; 2-A; 3-A; 4-B; 5-A; 6-A; 7-A;  
8-B; 9-B; 10-B; 11-B; 12-A; 13-B;  
14-A; 15-A; 16-A; 17-B; 18-B;  
19-A; 20-B; 21-A; 22-B; 23-B;  
24-A; 25-A.



Then a soldier,  
Full of strange oaths and bearded like the pard,  
Jealous in honour, sudden and quick in quarrel,  
Seeking the bubble reputation  
Even in the cannon's mouth.\*

**S**OLDIER or civilian, a young man's frequent dietary indiscretions and usual high-strung existence often manifest the need for re-establishment of normal bowel function.

Zymenol\*\* through enzymatic action inhibits excessive fermentation or putrefaction and aids restoration of normal intestinal motility with complete, natural vitamin B complex. Soft, bulky, daily defecation is assured without strain or irritation.

\*Zymenol, an entire aqueous culture of brewers' yeast in emulsion, assures natural enzymes and complete natural vitamin B complex without live yeast cells. Sugar free.

Absence of laxative drugs, artificial bulkage or interference with vitamin absorption commends Zymenol to the physician.

Palatability, small, economical yet effective teaspoon dosage, and freedom from embarrassing mineral oil leakage assure excellent patient control in this often not too manageable age group. Available in 8 and 14 oz. prescription units.

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Fourth of a series depicting the Seven Ages of Man. From Shakespeare's "As You Like It."

able period of time, though in some states they will make appreciable headway in that direction."

What's the answer? Mr. Reed indicates that it's outside the scope of the PHS survey. But he adds:

"The Blue Cross plans have suggested federal grants-in-aid to state-approved voluntary plans. Some have suggested that the Government might require certain groups to enroll in prepayment plans (people being free to select the plan of their choice), with the employers paying part of the subscription cost. It is also conceivable that with a high degree of Governmental cooperation and assistance the plans might be able to reach vir-

tually the entire population."

Meanwhile, Mr. Reed makes it clear that existing prepayment plans must occupy a central place in future planning for the health care of the population:

"These plans are going concerns that have the confidence of the public, the hospitals, and the medical profession. They have staffs skilled in the operation of prepayment and in the payment of hospitals and physicians. They have reserves that are by no means trifling. The problem of how these plans may be used, supplemented, or built upon by a Government program deserves increased attention."

—R. C. LEWIS

## Elective

The patient was lying docilely in bed awaiting his breakfast. He had received treatment for an infected toe and it was responding well. Suddenly an orderly and an uncapped student nurse marched into the room, hoisted him onto a stretcher, and without saying a word wheeled him to the elevator. "But Doctor Johnson didn't tell me he was going to have my leg X-rayed," he said.

"X-rayed?" said the orderly. "We're taking you to the operating room to have it amputated."

The poor man nearly fainted. That it was a case of mistaken identity never occurred to him. He thought that Doctor Johnson had just been keeping the bad news from him. Finally the chief nurse came tearing down the corridor and got things straightened out.

But it took the staff a long time to forget. The patient was chairman of the hospital board.

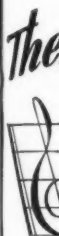
—R.N., CONNECTICUT

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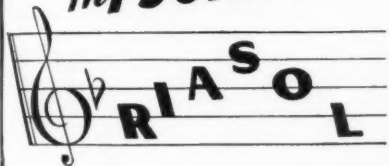
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RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin, invisible, economical film suffices. No bandages necessary. After a week, adjust to patient's progress.

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**ESKAY'S PENTAPLEX** makes B Complex therapy palatable

## The Patient Sounds Off

*Here's that opportunity to see  
yourself as others see you*



"What do you think of your physician?"

Thirty-three thousand readers of the Saturday Review of Literature mulled over that query in SRL's lively personals column. MEDICAL ECONOMICS had asked for the layman's lowdown on his doctor. Result: the provocative excerpts that follow.

Most SRL readers sent the doctor orchids, a few sent scallions. No useful end would be gained by publishing the complimentary replies; so *only the critical ones* appear here. Although phrased negatively, many of them can serve a positive, constructive purpose.

From Ruby Stevenson, Corona Del Mar, California:

"It is a severe disillusionment to discover that modern doctors have developed into hard-headed businessmen, more concerned with observing the tenets of the American Medical Association (that trust so fiercely defended by Dr. Fishbein) than with attending to the aches and pains of the patient.

"After a patient has been duly examined by a hard-faced nurse who decides his financial status is satisfactory, and if his ailment is sufficiently unusual, the doctor *may* show interest in the case.

"For five years my late husband was treated by a Los Angeles physician for an obscure tropical blood infection. The monthly bills were heavy but were paid promptly. He seemed for a while to be improving, but then, suddenly, he died. Two weeks later, before his bank accounts had been released by the probate court, the physician refused to sign a proof-of-death statement (required by an insurance company) until a current bill of \$75 was settled.

"Since we had paid bills promptly for hundreds of dollars over a period of five years, it appeared that this doctor's interest in money far transcended his interest in the patient. Naturally, I then suspected that the entire series of treatments had been a racket."

From a man in Schwenkville, Pennsylvania:

"Our physician has a tendency to explain things to my wife in terms she can't understand. This is embarrassing to her even though there is no reason why she *should* know the meaning of the words he uses.

"She remarked not long ago that the doctor had said the baby's septum was all right. She wondered, 'What did he mean?' Well, I don't know either. Must all our visits to

the doctor's office be with medical dictionary under arm?"

From a resident of San Francisco:

"After going to a doctor for three years, I became so dissatisfied that I resolved never to consult him again. Why? Because I am not a walking congeries of symptoms, or a simple case of this or that. I am a human being.

"The twentieth time I visited this man was like the first. He didn't even remember my name. I had to explain at every call that I was that case of so-and-so whom he had prescribed for last week and whom he had told to report progress this week.

"I know this is an age of specialization, of doctors' offices run like factories, and of elaborate files to take the place of the old-time family doctor's memory. Maybe the man I refer to was merely being true to his era. Maybe my new doctor (in spite of his shiny downtown office and up-to-the-minute skill) is a throwback to a period that is as dead as my parents are.

"But this is also the age of psychosomatic medicine, of consideration of 'the organism as a whole.' Isn't part of the organism the pa-

tient's self-confidence and self-esteem? Doesn't it help the patient's cure to be regarded as a fellow-human instead of as a number in the physician's file?"

From Selma Schupper, New York City:

"Our doctor fancies himself as another Mr. Anthony; and his intelligent patients resent it. If a physician wants to practice psychology, all right. But let him at least be subtle about it. Not all of us, when we go to a doctor, enjoy being asked about our love life or about our subconscious.

"Some women, I'm aware, just love to be 'analyzed.' Others don't—no matter how good the intention."

From Elaine W. Gould, Boston:

"Those least helpful in keeping my family in good health are (1) physicians who pretend that medicine is an occult art filled with secrets that cannot be revealed to the laity; (2) surgeons—and other specialists—whose only prescription is, 'Cut it out,' who would as soon drink poison as admit that nature or medical treatment should ever be allowed to take its course; (3)

[PLEASE TURN TO PAGE 158]

**4 Ways**  
**BIDUPAN**  
formerly  
INTESTINAL CONCENTRATE  
**Speeds Sustained**  
**Relief in** **INTESTINAL INDIGESTION**  
**GALLBLADDER STASIS**

Bidupan improves biliary drainage, digestion of albumin, carbohydrates, fats; stimulates pancreatic secretion; removes fermentive factors. Formula: rich Bile Salts, 4-strength Pancreatin, Duodenal Substance, Charcoal, Tablets, bottles of 50 and 100.

Write for literature. Dept. E.

CAVENDISH PHARMACEUTICAL CORP.  
25 West Broadway New York 7, N.Y.

For  
head colds, nasal  
crusts and dry-  
ness of the nose



**R OLIODIN**  $\frac{2}{5}$   
(DeLeonton Nasal Oil)

Oliodin produces a mild hyperemia with an exudate of serum, loosening crusts, relieving dryness and soothing mucous membranes. Breathing improved.

Write for Samples

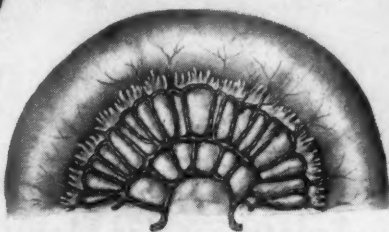
**THE De LEONTON COMPANY**  
Capitol Station Albany, N.Y.

# Gentle Pressure of Liquid Bulk *for gentle yet thorough laxation*



Schematic section of villi showing fluid exchange system through blood vessels whereby water is drawn into the bowel to help form "liquid bulk."

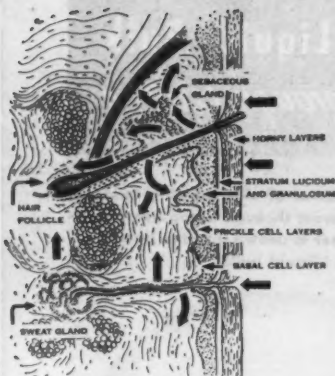
Macroscopic view showing how fluid exchange is facilitated by drawing of excess bulk to the intestine through the highly vascularized mesenterium.



The gentle action of SAL HEPATICA is not localized to one particular section of the canal. It is effective throughout the entire bowel, beginning at the upper end of the intestine and extending to the lower segment.



A Product of BRISTOL-MYERS COMPANY, 19 West 50th Street, New York 20, N. Y.



Routes of penetration

# Things you ought to know about INTRADERM TYROTHRIN

## New Treatment for Many Common Infections

In your practice, you probably see many stubborn pyogenic infections. You can now treat these cases more effectively with the new, topical therapeutic agent, Intraderm Tyrothricin Solution.

Intraderm Tyrothricin Solution is fundamentally new. It contains the powerful new antibiotic, tyrothricin, which is bactericidal to most gram-positive organisms.<sup>1</sup> Tyrothricin in a unique skin-penetrating vehicle exerts its antibiotic effect at the site of the lesion.

Intraderm Tyrothricin contains 1,000 mmg. of tyrothricin per ml. (200 mmg. of gramicidin). It is mildly antiphlogistic and is used in acutely-inflamed conditions. It penetrates normal and diseased skin through the follicular apparatus.<sup>2</sup> It spreads on and seeps into diseased tissue and is miscible with pus, serum and exudates.

### RAPIDLY BACTERICIDAL

Tyrothricin differs from penicillin and the sulfonamides. It is rapidly bactericidal to most gram-positive and some gram-negative organisms.<sup>3</sup> Hundreds of path-

### EFFECTIVE IN TREATING

Folliculitis	Carbuncles
Sycosis Vulgaris	Abscesses
Furuncles	Varicose Ulcers
Impetigo	Diabetic Ulcers

—and other conditions associated with gram-positive organisms.

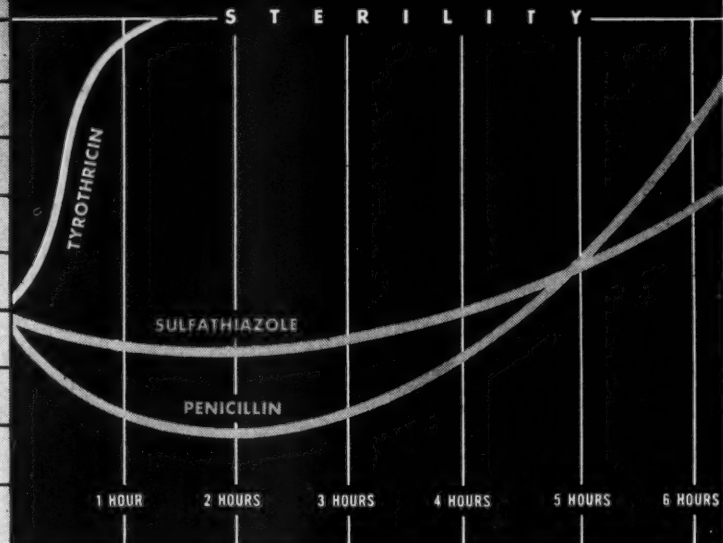
tests and wide clinical use have proved tyrothricin is non-sensitizing.<sup>4</sup>

Intraderm Tyrothricin is unlike ordinary tyrothricin suspensions. Both components of tyrothricin, gramicidin and tyrocidine, are present as molecules in true solution.

### TISSUE REPAIR ENHANCED

Individual molecules of gramicidin and tyrocidine exert separate and combined action. Gramicidin is quickly bactericidal and stimulates the formation of granulation tissue.<sup>5,6</sup> Serum even enhances the action of gramicidin.<sup>7</sup> Tyrocidine possesses considerable interface activity and kills some gram-negative organisms.

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## Tyrothricin's Faster Bactericidal Action

When therapeutic concentrations of tyrothricin, penicillin, and sulfathiazole<sup>8,9</sup> are added to cultures of  $10^5$  organisms per ml., tyrothricin sterilizes the culture in less than an hour.

When conditions permit growth, penicillin and sulfathiazole allow an increase and then slowly reduce the viable organism count. When no growth is permitted, these two agents are not bactericidal.

Composite curves show effect on a number of different pathogenic organisms.

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**INTRADERM**  
REG. U. S. PAT. OFF.  
**TYROTHRIN**  
PRESCRIPTION AT DRUG STORES  
**WALLACE LABORATORIES, INC.**  
NEW BRUNSWICK, NEW JERSEY

**USE COUPON FOR SAMPLE**

Wallace Laboratories, Inc. ME-12-45  
New Brunswick, N. J.

Please send sample and literature on  
Intraderm Tyrothricin.

Doctor: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Limited to Medical Profession in U. S. A.

## The Patient Sounds Off

[Continued from page 154]

faddist doctors who are always trying out some new marvel of technique or treatment on the long-suffering patient."

From Helen Schulman, Brooklyn, New York:

"It's my doctor's fear of discussing fees with me that I don't like—particularly when I'm faced with a series of treatments. If I bring up the subject, he tries to avoid it, then hesitates, and finally makes a vague answer. All questions about money embarrass him.

"I understand that ethics forbid him to be concerned purely with money. But, after all, he does charge for his services and I do

have to pay for them. So why shouldn't I know just how much they will cost me?"

From a resident of New York City:

"The last doctor I went to believed in silent treatment. The only question he ever asked me was whether I had had an anesthetic before, and he asked that just as the anesthetist prepared to put the mask over my face. He never even wrote a history of my case.

"Such questions as I asked either embarrassed him or aroused his resentment. The only answer I could wring out of him was that he was giving me neither sulfa nor penicillin.

"How many physicians are that way?"

[PLEASE TURN TO PAGE 176]

## WHEN COLDS & SORE THROATS STRIKE



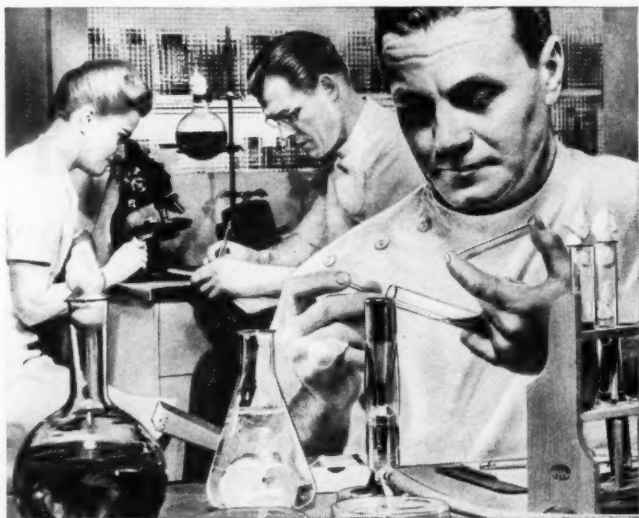
GLYCO-Thymoline helps to soothe mucous membranes of the mouth, nose and throat irritated by simple colds and sore throats. Used regularly, this mild, pleasant tasting solution helps to keep the membranes in clean, vigorous condition during the season for widespread colds.

# GLYCO- THYMOLINE

Samples on request

KRESS & OWEN COMPANY  
361-363 Pearl Street, New York 7, N. Y.





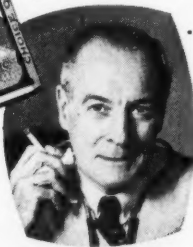
## The Doctors behind the Doctor

● Magical penicillin... the amazing "sulfas"... and now the new streptomycin... Thank the men of research medicine for those... and for all the other aids they have placed in the doctor's "little black bag."

Biochemists and bacteriologists... pathologists and physiologists... whatever the field of research... they are, first and foremost, *doctors!* And, like all doctors, they are devoting their lives to the cause of human health.



R. J. Reynolds  
Tobacco Company,  
Winston-Salem, N. C.



According to a  
recent independent  
nationwide survey:

**MORE DOCTORS  
SMOKE CAMELS**

*than any other cigarette*

## Steroid

er

W



**T**his stroboscopic-type photograph depicts joint mobility, increase of which is one of the frequently reported observations in steroid therapy in arthritis with Ertron—Steroid Complex, Whittier.

# therapy in Arthritis

## *with Ertron-Steroid Complex, Whittier*

### ★THERAPEUTICALLY EFFECTIVE

The unique chemical and clinical characteristics of Ertron have identified this important preparation as the outstanding agent in the treatment of arthritis today.

### ★CLINICALLY PROVED

With its twelve-year background of clinical application, Ertron therapy is established firmly as an effective and safe procedure. From the published reports it is evident that the action of Ertron is systemic, an essential feature in the treatment of a systemic disease such as arthritis.

### ★CHEMICALLY DIFFERENT

Chemically, it has been shown that the distinctive method of ergosterol-activation—the Whittier Process—provides in Ertron a number of recently isolated steroid substances of unique molecular structure.

Each capsule of Ertron contains 5 milligrams of activation-products, biologically standardized to an antirachitic activity of fifty thousand U.S.P. Units.

Physician control of the arthritic patient is essential for optimum results. Ertron is available only upon the prescription of a physician.

Supplied in bottles of 50, 100 and 500 capsules. Also —for supplementary intramuscular injection Ertron Parenteral in packages of six 1 cc. ampules.



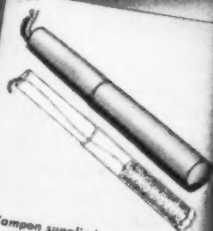
Ertron is the registered trademark of Nutrition Research Laboratories.

ETHICALLY PROMOTED

NUTRITION RESEARCH LABORATORIES • CHICAGO



Handily packaged for convenience and unobtrusiveness



Tampon supplied in individual applicator



Simple construction for easy insertion



Small cross section size with high absorptive capacity



Physiologically sound internal protection

# FROM EVERY POINT OF VIEW Better Management OF MENSTRUAL HYGIENE

From every point of view (psychological, physiological and physical), for women at work or at play—the effective internal protection afforded by TAMPAX provides remarkable ease of insertion and disposal, with welcome *freedom from odor, chafing, and "tell-tale" bulges, belts and pins . . .* as well as *freedom* for social and athletic activities.

These are sound reasons why thousands of physicians recommend TAMPAX for better overall management of the menses . . . and why most women, once they have tried TAMPAX, prefer it so strongly to the older type of menstrual guard.

Available in three absorbencies for individual requirements: Regular, Super and Junior. The coupon below is for your convenience.

## TAMPAX

FOR BETTER PROTECTIVE MANAGEMENT

Accepted for advertising by the Journal of the American Medical Association

TAMPAX INCORPORATED, PALMER, MASSACHUSETTS

Please send me a professional supply of the three absorbencies of Tampax, together with literature including a summary of 6500 cases.

Name \_\_\_\_\_ PLEASE PRINT: \_\_\_\_\_  
Address \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_ ME-126  
City \_\_\_\_\_

# Conveying Medicine's Point of View to the Public

*Michigan physicians offer  
cues on public relations*



"Organized medicine has the public welfare at heart, but this remains to be demonstrated to the people." Thus the Michigan State Medical Society sums up the challenge now facing the profession.

Readers of this magazine are familiar with the aims of the AMA public relations program under the direction of Raymond T. Rich. But what of the medical societies in the various states? How can they best undertake the job of winning popular understanding, respect, and support? Michigan's medical society has one of the best state programs there is. A quick review of its operation brings to light a number of practical ideas:

Michigan developed its program after a year of work with Hugh W. Brenneman, a professional public relations counsel. The pattern is based largely on a public opinion survey made by the advertising firm of Foote, Conè & Belding, showing that:

1. The public believes most doctors are doing a good job.
2. A few people complain that some doctors "overcharge" or are "dishonest" or "keep patients waiting too long."
3. The public wants medical security.

4. People favor—when they know there is a choice—a prepayment plan sponsored by doctors.

The Michigan society, in its preliminary planning, gathered a mass of data on medical practice in the state, on distribution of physicians in urban and rural areas, on the effectiveness of Michigan Medical Service, and on the quality of general and specialist care. It studied medical service costs, medicine's cooperation with non-medical groups in promoting public health, and medicine's relations with other professions. Guided by these studies, the society then set up its public relations policy.

Responsibility for the program is vested in the council of the society. The council delegates the work to two special committees that operate in conjunction with Mr. Brenneman. The committee on public relations is concerned with the actual working program; the committee on legislation investigates bills concerned with health and its reports are used in preparing appeals for public support of, or opposition to, the proposed measures.

In a message to every physician in the state, the Michigan society has outlined its public relations goals. The more important ones:

SN-7618



# 8 to 32 Times AS EFFECTIVE AS QUININE



After investigation under the auspices of the National Research Council for over two years, Aralen diphosphate (SN-7618)—new synthetic, colorless, antimalarial specific — is now available for general use. Aralen has been demonstrated to be from 8 to 32 times as effective as quinine (depending on the strain of malaria plasmodium used) and is as well tolerated as Atabrine. Being colorless, Aralen diphosphate can not give rise to any skin discoloration.

Aralen diphosphate rapidly eradicates malignant tertian (*falciparum*) malaria and readily suppresses tertian (*vivax*) malaria. One dose of 2 tablets once a week is sufficient for suppression, and 10 tablets in three days for treatment of an acute attack in adults.

Tablets of 0.25 Gm.,  
(0.15 Gm. base),  
tubes of 10 and bottles  
of 100 and 1000 tablets

## ARALEN DIPHOSPHATE

"ARALEN" TRADEMARK

Brand of Chloroquine diphosphate

WRITE FOR  
DESCRIPTIVE  
BOOKLET

The New Colorless Antimalarial Specific

*Winthrop* CHEMICAL COMPANY, INC.

NEW YORK 13, N. Y.

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¶ To publicize progress toward high-quality medical care.

¶ To explain the steps being taken toward wider distribution of medical care.

¶ To educate the public in matters of personal health and to promote cooperation of the people and the professions in a constructive health program.

¶ To further the society's prepayment plan and endeavor to provide wider coverage in its policy. (This plan, the largest in the country, covers 875,000 persons of an estimated 4,043,000 eligible.)

¶ To oppose a system of Federal medicine inimical to the public and to the profession.

¶ To investigate all health legislation and report on its value.

¶ To bring about public understanding of the basis of medical costs.

¶ To encourage physicians to locate in Michigan—particularly in rural communities. (The state's physician-patient ratio is 1:4,137; some 1,300 additional physicians are needed at once.)

¶ To assist in local campaigns to obtain medical facilities.

¶ To expose medicine rackets.

¶ To encourage post-graduate medical study.

¶ To urge young men to enter the medical and health professions.

Called "the most effective medium" of promoting good public relations, the individual doctor is asked to adhere to the established policies of the MSMS in contacts with patients or friends or in speaking from public platforms.

The society has expressed its policies in a booklet issued to every member of the society. An official stand has been taken on eighteen subjects. Following are the most important:

The AMA "is a great scientific and educational organization."

The Public Health Service "should concern itself with the public's health and advise both the people and the medical profession on public needs; its service ends where medical care begins."

The Government "has a prerogative and duty to encourage institutions for medical study and research according to instructions it has received by law."

Control of the medical profession by government "should be limited to the statutes which affect the qualifications of doctors of medicine, medical college requirements, and the like."

[PLEASE TURN TO PAGE 166]

## Amorous Spell

My preliminary examination of the patient had disproved the suspicion of pulmonary tuberculosis, and I began questioning the young man further in search of another cause for his symptoms.

"Well, Doc," he finally volunteered, "I'll tell you what my other disability is. I was cracked on the head while I was in the service, and now I have romantic epilepsy." —FLORENCE A. BROWN, M.D.

**For irritated skin  
advise a medicated  
soap that is—**

- MILD
- GENTLE
- FRAGRANT
- ECONOMICAL

So pure and fine, so free from excess alkali, Cuticura Soap may be used with safety even on a new-born baby. In addition, it is emollient, mildly medicated, luxuriously fragrant and long-lasting. FREE samples to doctors on request. Write Cuticura, Dept. ME3, Malden 48, Mass.

**CUTICURA**  
mildly  
medicated **SOAP**

**PRESCRIPTIONS FOR**

*Glythoid Pills*  
(Glycerin Extract  
Thyroid-Schiffelin)

Your assurance that patients will be afforded Thyroid Medication which is Uniform in Potency and Completely Stable.

**BECAUSE:**

Uniform potency in Glythoid Pills is assured by means of an exclusive glycerin extraction process which eliminates subjection of the glands to excessively high temperatures. This process insures against the deterioration of the active constituents during extraction and results in a preparation in which the properties of the thyroid materials are closely similar to those of the fresh gland.

This final product is further protected against deterioration by a gelatin coating.

**Schiffelin & Co.**

Pharmaceutical and Research Laboratories

20 COOPER SQUARE • NEW YORK 3, N. Y.

Medical care of the indigent "is a joint responsibility of government and the doctor of medicine. It is the task of government to supply necessary funds . . . and the task of the medical profession to supply, for standard fees, the best medical care it has to offer."

Medical security as it affects the doctor "is a goal toward which the medical profession has striven since the time of Hippocrates and toward which much progress has been made."

Medical security as it affects the public "is a goal to be striven for; it is obtainable only through the efforts of the individual, through the cooperation of government in effecting enabling legislation for voluntary group effort, and through the services of the doctor of medicine."

Besides doctor-patient contacts, the society uses these tools for reaching the public:

*News releases.* The society issues frequent releases of "real news stories." It bans "made up stories that earn only the contempt of the press." Stimulation of friendly editorial comment, says the society, "can do much to further our objectives. But emphasis must be on what is said rather than on how much is said."

In 1947, says the society, each of Michigan's 4 million people will be reached several times a month through press releases. One project will be a weekly column, under a by-line, on the economics of health; it will be distributed to papers throughout the state.

*Newspaper advertising.* "Because circulation is known," says the society, "advertising can be directed to those audiences con-



LOUIS PASTEUR (1822-1895) Through his bacteriological studies, he checked diseases that threatened the silk and wine industries of France. His discovery of immunization by inoculation paved the way for future work in serums, vaccines and anti-toxins. Famous for his preventative treatment of hydrophobia.



## FORWARD STEPS IN SCIENCE

Pasteur's pioneer work not only stimulated other scientists to endless research but, in itself, has been the basis of much present day procedure in medical and public health work. And in like manner, in the field of surgery, Sklar's pioneer work in the use of *American made* Stainless Steel for the manufacture of surgical instruments has established a standard of perfection in instrument manufacture.

Sklar technicians were convinced that nothing better than *American made* Stainless Steel could be found. The incomparable achievement of American Steel makers during the past hectic years more than confirms Sklar's sound technical judgment.

Design, workmanship, and *American made* Stainless Steel . . . three reasons why Sklar has kept abreast of the surgeon's needs . . . providing him with instruments that combine toughness with resilience . . . character with dependability.

The J. SKLAR MFG. COMPANY today makes the greatest variety of stainless steel surgical instruments ever produced by a single manufacturer.

*Sklar Products are available through accredited surgical supply distributors.*



WILLETT'S PLACENTA FORCEPS

*Sklar*

LONG ISLAND CITY, N. Y.



sidered most valuable. Cost per reader is relatively small." The society hopes to eradicate the idea among editors that physicians are opposed to advertising and to gain a more favorable press for medicine's problems. Use is being made of 307 weekly and fifty-three daily papers. More than seventy papers are used for advertisements which appear about every two weeks.

**Radio publicity.** Emphasis in radio scripts is put on the profession's effort to solve scientific problems. A new project for 1947 will be a daily, five-minute, transcribed program of health news. It will be distributed free to radio stations. The stations will be allowed to seek local sponsors for it, but the latter must be approved by the Michigan State Medical Society.

**Radio advertising.** Federal controls seriously hinder radio discussion of controversial issues, says the society, "but the fact remains that radio is a great medium for reaching a large public. Radio networks should be provided with medical programs that will not only assist their stations financially but will arouse public interest as well."

**Pamphlets.** The society feels that pamphlets have three definite advantages: (1) the MSMS has a means of distributing pamphlets through its members; (2) each pamphlet can tell a complete story; and (3) pamphlets can tie in with other advertising.

**Motion pictures.** "If used on a

simple scale in connection with public speaking programs the cinema is valuable in reaching small groups." It should be noted that only \$1,000 has been set aside in the budget for this purpose.

**Direct mail.** "Expensive, but the most flexible and swiftest means of advertising, direct mail will be used when the pressure is greatest and the message most timely."

**Schools.** The society goes directly to the youth of Michigan with a school program aimed at inspiring interest in personal health and at stimulating young men and women to enter the health professions. The program also seeks to combat fake medicine and cultism and to obtain a proper understanding of the economic problems of medical care. It employs (1) a series of recorded programs; (2) oratory contests on the subject of health; (3) personal health charts for individual students; (4) radio and playlet scripts for use in schools; and (5) reference material.

Still further means are used by the society in shaping public opinion. During 1946, for instance, it spent \$2,500 to reach the rural population through advertisements in the "Michigan Farmer." It also maintains a bureau of professional and lay speakers.

"Although our program has been prepared on a scientific and analytical basis and in conformance with the latest and best public relations technique, it will not re-

**FREE SAMPLE**

DR. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_



**ROUGH HANDS**

FROM TOO MUCH SCRUBBING?

Soften dry skin with AR-EX CHAP CREAM! Contains carbonyl diamide, shown in hospital test to make skin softer, smoother, and even whiter! Archives of Derm. and S., July, 1943. FREE SAMPLE.

PRODUCT OF



**AR-EX COSMETICS, INC., 1036 W. VAN BUREN ST. CHICAGO 7, ILL.**

A revolutionary  
advance  
in the  
treatment of  
cough

ESKAY'S ORALATOR, an oral  
inhaler, applies an entirely new  
principle to the treatment of  
cough.

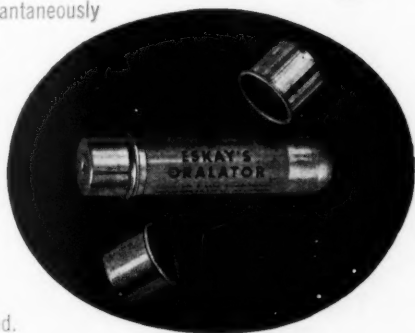
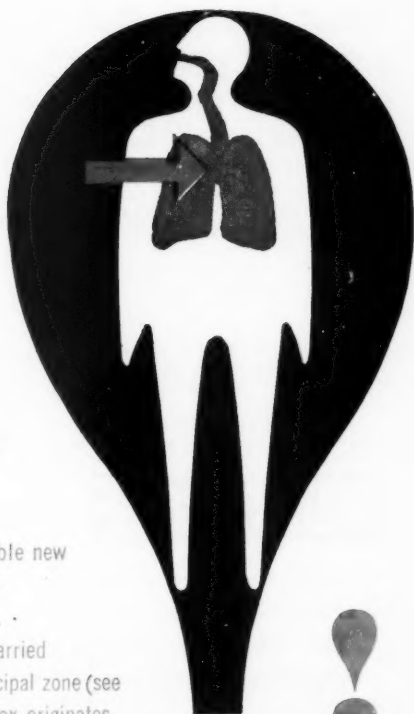
The Oralator contains a remarkable new  
anesthetic-analgesic compound—  
2-amino-6-methylheptane, S. K. F. •

The vapor of this compound is carried  
by inhalation directly to the principal zone (see  
illustration) where the cough reflex originates.  
There it checks cough almost instantaneously  
by local action, at the periphery.

The effectiveness of

**Eskay's  
Oralator**

has been established by  
extensive clinical trials.  
77% of the patients were benefited.



Smith, Kline & French Laboratories, Philadelphia, Pa.

# Easier to apply than a mustard plaster for CHEST COLDS

**Promptly Relieves Coughs—  
Aching Muscles**

Musterole offers all the advantages of a warming, stimulating mustard plaster yet is so much easier to apply. Simply indicate it to be rubbed on chest, throat and back.

A modern counter-irritant, analgesic and decongestive—it brings fresh blood to help break up the localized congestion thus affording the patient a sense of prompt, warming comfort.

**In 3 STRENGTHS:**

Children's Mild Musterole, Regular and Extra-Strength.

## MUSTEROLE

**AT LAST!**

**The RIGHT Truss for  
RUPTURE SUFFERERS!**

The WEB TRUSS . . . NEW in idea,



LONG-TRIED in use . . . is scientifically designed to conform to the contour of the structure of the lower abdominal regions. This non-slipping truss gives the correct amount of support where needed.

This truss is easy to fit, easy to sell, has brought relief to thousands and provided an EXTRA SOURCE OF INCOME to hundreds of physicians thruout the U. S. It is nationally advertised and well worth your indorsement. We'll send a truss for a ten-day inspection upon the receipt of your letterhead or prescription blank.

**The WEB Truss Co.**  
DEPARTMENT ME  
HAGERSTOWN, MARYLAND

main static," says a Michigan State Medical Society officer. The society plans to keep its finger on the pulse of public opinion by use of frequent polls. Adjustment of policies and procedures will be made to meet any changing condition.

While the society's plan is admittedly not perfect, it has two primary virtues: (1) Policies are made by physicians. (2) Physicians participate in the execution of the plan, which is under the supervision of a public relations expert.—R. G. SHUTE

### MICHIGAN MEDICAL SOCIETY'S PUBLIC RELATIONS BUDGET FOR 1947

Purpose	Amount
Salaries . . . . .	\$ 8,750
Office . . . . .	3,140
Travel . . . . .	2,000
School of Information . . . . .	2,000
National Conference on Medical Service . . . . .	500
Committee meetings . . . . .	1,000
Newspaper advertising . . . . .	30,000
Radio advertising . . . . .	14,500
School program . . . . .	4,000
Pamphlets . . . . .	9,100
Displays . . . . .	1,500
Motion picture shorts . . . . .	1,000
State journal advertising . . . . .	1,000
Miscellaneous . . . . .	1,500
Reserve . . . . .	25,000
Total . . . . .	\$109,990



## "being woman hard beset"

Your success with your woman patient will be measured in her memory by the solace she takes with her from your consultation room. Give her immediate soothing relief and you engage her confidence in your ability to effect a long-term cure. Along with imparting promptly a sense of cool, clean gratifying comfort, *Tyree's Antiseptic Powder* is eminently effective. ¶ *Time-tested treatment* for vaginitis, cervicitis and leucorrhea—those vaginal disorders which consume 75% of a gynecologist's time.<sup>1</sup> ¶ *Efficacious home follow-up*, characterized by simplicity, mildness and controlled potency. ¶ *Ideal healing douche and powder* for practical use.

<sup>1</sup>Kostmayer, H. W.; Southern Med. Jour. 28:931, 1935.

### FREE BOOKLETS for your women patients

Let this purse-sized booklet, "Personal Matters of Import to Women," give your patients the ethical information they need to cooperate with you. Millions have been distributed by physicians. Write for a supply.

*Tyree's*

# ANTISEPTIC POWDER

J. S. TYREE, CHEMIST, INC., 15th and H Streets, N. E., Washington 2, D. C.

*Manufacturers of CYSTODYNE, Tyree  
for the treatment of genito-urinary infections*

## What They're Reading

[Continued from page 116]

If "Medical Care" makes the best studying of these three publications, J. Weston Walch's "Complete Handbook" makes the best browsing. Core of the book is 347 quotations on the affirmative side, 344 for the negative, neatly classified for ready reference. The publisher calls it "a digest of everything important that has been said for or against socialized medicine during the last fifteen years." He's probably not far wrong. The worthwhile quotations that can be excerpted from the book are concise and sprightly—the sort that physicians find useful to back up statements in informal debates on health insurance. They come from hundreds of medical and general publications.

This unique "evidence file" is preceded by seven background chapters on state medicine. The book is informally written and informative in its own way. What it lacks in depth it makes up in breadth.

"Free Medical Care," the Reference Shelf volume on the same subject, is notable mainly for its lusty swings at the National Physicians' Committee and for its coverage of socialized medicine in Norway, Great Britain, and Russia. It lacks the completeness of the NUEA handbook. It is less entertaining than Walch's publication. Never-

theless, "Free Medical Care" presents an imposing array of talent, much of it concentrated on the affirmative side: President Truman, Henry Wallace, Senators Pepper and Murray, George Addes, and the inevitable Dr. Boas. For the cons, Drs. George Baehr, Lewis J. Moorman, Morris Fishbein, and Ernest E. Irons are among those present. Results might have been happier for physicians if the compiler had omitted a negative piece entitled "Socialized Medicine Shall Not Pass."

## A TREASURY OF DOCTOR STORIES

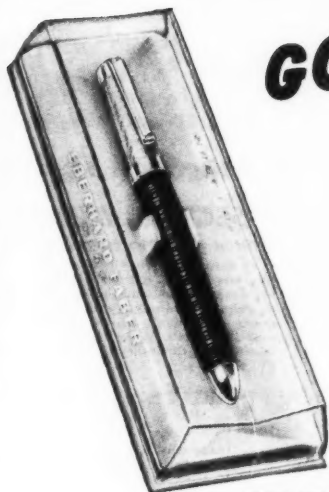
*Edited by Noah D. Fabricant, M.D., and Heinz Werner. 493 pages. Frederick Fell. \$3.*

Thirty-five pieces of high literary standard pack this new anthology. Among those present are Stephen Vincent Benet, Pearl Buck, Somerset Maugham, Ring Lardner, Ernest Hemingway, and Clarence Day. Selections run the gamut from Howard Vincent O'Brien's delightful "Allergies and the Man-Eating Carp" to Conrad Aiken's intricate "Silent Snow, Secret Snow." All the tales have something to do with the medical scene—in some cases too much so for the physician's enjoyment. Here is plenty of sickness, plenty of death, but a full measure of entertainment too, if you don't mind doing some picking and choosing.

- ✓ Dry Eczema
- ✓ Hemorrhoids
- ✓ Minor Vulval Irritation
- ✓ Ivy Poisoning
- ✓ Athlete's Foot

Just a few of the many skin irritations where soothing Resinol Ointment has demonstrated marked efficiency in allaying the tormenting symptoms of itching and burning. Blandly medicated—suitable for highly sensitive skin. Would you like to test it? For sample write Resinol, ME-28, Balto., Md.

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ME

# What P. D. R.

## How to use each section

### SECTION I (Pink)

(Items Listed Alphabetically)

Section I contains an alphabetical listing of pharmaceutical specialties and biologicals. Also each manufacturer's name appears alphabetically with a listing of his products. Wherever a page number appears a full description of the product will be found on the page referred to in Section IV (White).

#### FL-GL

##### FLUAGEL

Breon, George A., & Co., page 276

##### FOILLE

Carbisulphoil Company

##### FOLLESTRIIN

Armour Laboratories

##### FOLLACRO

Schiffelin & Co.

##### FOLLESTROL

Blue Line Chemical Company, The

##### FOLLUTEIN

Squibb, E. R. & Sons, page 338

##### FORBES LABS. PRODUCTS

Forbes Laboratories, Inc.

350 Madison Ave.

N. Y. C. 17, N. Y.

Estrogenic Substances in Sesame Oil (Forbes), page 296

Gonatrope (Forbes), page 296

H. F. (Forbes), page 296

Liver B-Complex Ferrous (Forbes), page 297

Liver Injection U.S.P. (Forbes), page 297

##### FORMA TROPIN

Abbott Laboratories

##### FORMAC

Abbott Laboratories

##### FUNG

Jan

##### FUNG

W.

##### FURA

E

##### FUR

S

##### GAB

Pat

##### GA

Pat

##### GA

Pat

##### GA

Pat

##### GALAT

Den

##### GALEN

Gale

##### GAL

Gale

### SECTION II (Yellow)

(Drug and Pharmacological Index)

This section is a classified compilation of pharmaceutical specialties and biologicals by drug groups and under pharmacological descriptions. Under each drug group appears the item's name together with the manufacturer's name and if a page number is given a full description appears in Section IV (White).

#### ALUM (w/CO.) (McNeil)

Alquino (McNeil)

#### ALUMINUM ACETATE

Domeboro Ointment (Dome), page 294

Domeboro Tabs (Dome), page 294

#### ALUMINUM HYDROXIDE

Abbott Laboratories

Adroxal (Jamieson)

Alcid (Malthie)

Aldroxigel (Chicago Pharmacal)

Aludrox (Wyeth)

Aluminoil (Chatham), page 282

Amphojel (Wyeth)

Celuma (Fremo)

Creamalin (Winthrop), page 360

Flint Eaton (Aluminum Hydroxide)

Flugel (Bretal), page 276

Hydrogel Tablets (Green), page 282

Kalamine (Wyeth)

Leffert Laboratories, Inc.

Neogel (Malthie)

Rorer, William R., Inc.

Schiffelin & Company

Squibb, E. R. & Sons

Upjohn Company, The

#### ALUMINUM HYDROXIDE (w/ASPIRIN)

Pro-Dol Tablets (Prodol Co.), page 294

If you remember a specialty (Flugel, for example) but not the manufacturer's name, you would first refer to the Pink Section locating the name (Flugel). This gives you the manufacturer's name and if a page reference follows, you will find a complete product description under the manufacturer's name in Section IV (White).

If you are interested in finding an aluminum hydroxide product and you do not remember the name of any particular one or the manufacturer, you would look in this section.

Copies of P.D.R. (Physicians' Desk Reference) were distributed free during November to over 100,000 physicians. P.D.R. has not been published with any intention of influencing in the slightest degree the therapeutic practices of any physician.

# MEDICAL EN

RUTHERFORD NEW



# Does For You

## your P.D.R. most efficiently

### SECTION III (Blue)

#### (Therapeutic Indications Index)

All products listed in this section are described in Section IV (White). Here each product is listed under various therapeutic indication classifications designated by the Medical Director of each manufacturer.

- Glutasin (Ciba), page 305  
Valentine's Preparation Meat Extract (Valentine's), page 354
- GASTRIC SUBACIDITY**  
Acidol Pepsin (Winthrop), page 359
- GASTRIC ULCERS**  
Al-Si-Cal (Smith-Dorsey), page 335  
Alumoid (Chatham), page 282  
Aminogen-Parenteral (Christina), page 286  
Aminomat (National), page 309  
Aminovite (National), page 309  
Barbitolona Tablets (Van Pelt & Brown), page 354  
Belladonal (Sandoz), page 324  
Bismaphen (Smith-Dorsey), page 335  
Cal-Bis-Ma (Warner), page 356  
Creamalin (Winthrop), page 360  
Donnatal (Robins), page 323  
Flint Eaton (Aluminum Hydroxide Gel), page 296  
Fluagel (Breon), page 276  
Gastridine (Specific Pharmaceuticals), page 337  
Hydro-L-Tablets (Breon), page 276  
Kalak Water (Kalak), page 301  
Kaopatch (Patch), page 316  
Klim (Borden's), page 275  
Lunozan (Schering), page 325  
Maleogel (Upjohn), page 351  
Maleotabs (Upjohn), page 351  
Mesorin w/Phenobarbital (Endo), page 351

If you remember that you had read or heard about a product for the treatment of gastric ulcers and yet could not recall the product's name or its manufacturer, you could find in all probability find it under the heading Gastric Ulcers.

Underwritten by the ethical pharmaceutical manufacturers and Medical Economics, Inc., P.D.R. will give you finger-tip information as described above on ethical drug items. Keep P.D.R. on your desk. You will find many uses for it.

# Medical Economics, Inc.

## NEW JERSEY

### SECTION IV (White)

#### (Professional Product Information)

This section lists the major products of each manufacturer under the manufacturer's name. Complete information is given as to each product's composition, action and uses, contraindications, administration, dosage and how supplied. All information given in this section has been edited by the Medical Director of the manufacturer.

**ADMINISTRATION AND DOSAGE**  
Initial dose is 5 cc increased usually to 10 cc, injected intravenously every 2 to 3 days.  
**HOW SUPPLIED:** In 5 cc and 10 cc ampoules, in boxes of 6 and 25.

#### FLUAGEL

**COMPOSITION.** Palatable, fluid aluminum hydroxide.

**ACTION AND USES:** Neutralizes acid secretions of the stomach without production of alkalosis or disturbance of acid-base balance of the blood. Combines with not less than 70 cc 0.36% hydrochloric acid per 4 cc teaspoonful of Fluagel.

**ADMINISTRATION AND DOSAGE.** Initially, 1 teaspoonful every 2 hours, later, taken after meals and at bedtime.

**HOW SUPPLIED** In 10 fl. oz. wide mouth bottles.

#### HYDROGEL TABLETS

**COMPOSITION:** Contain hydrated aluminum hydroxide equivalent to 0.27 Gm. aluminum oxide.

**ACTION AND USES.** Each tablet is standardized to combine with more than 100 cc 0.36% hydrochloric acid. A convenient, modern antacid for ambulatory patients with stomach and duodenal ulcers.

**ADMINISTRATION AND DOSAGE** 1 tablet after meals and at bedtime or 1 every 3 hours if required.

**HOW SUPPLIED:** In boxes of 50 tablets, each tablet in sanitape.

In this section, if you remember that George A. Breon & Co. produce an aluminum hydroxide item that is used in treating gastric ulcers, you could check through all of Breon's listings and find a detailed description of the product you had in mind.

## The Patient Sounds Off

[Continued from page 158]

From a Baltimore woman:

"I'll never forget the last three months of my first pregnancy. I never got to see my own doctor at all. On each of my appointments I was seen by his colleague, a much older man who was impatient and abrupt. It was old hat to him, but new and cataclysmic to me. I became more and more apprehensive.

"Toward the end of my seventh month he informed me that I should have been wearing some special foundation garment. This had never been mentioned before. When I asked him if it meant that after the baby was born I would remain flabby and saggy he seemed

to consider my concern an outrageous example of feminine vanity. 'Any woman who has a baby can expect to sag,' he snapped.

"Finally the big day arrived. The doctor examined me at the hospital at 9:30 A.M., then assured my husband that nothing would happen before 1:00. In this he proved pretty accurate. The baby arrived at 2:30, and I didn't see my doctor once during my hours of labor—not once!

"He had left me, I found, in the care of a couple of internes while he trotted off to Pimlico to indulge in his favorite spectator-sport. They tell me he managed to get to the delivery room in time, after being paged at the race track; but you can't prove it by me. Next time I'll just go through the clinic and save my \$150."

*To Aid  
Your Specific  
Therapy  
in*  
**SEVERE  
COLDS  
and  
INFLUENZA**

The effectiveness of your special treatment in respiratory and similar conditions should be increased by the "bitter tonic" stimulation of the appetite induced by use of Gray's Compound.

## GRAY'S COMPOUND

is a useful adjunct in treating simple coughs following colds and influenza; also in improving nutrition in the AGED • CONVALESCENTS • the RUN-DOWN, the OVERWORKED, and POSTOPERATIVE, NEURASTHENIC, and ANEMIC PATIENTS.

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Frederick Co.

New York 14, N.Y.

*A valuable intranasal agent  
"... for the patient to use, between  
treatments or when it  
is not convenient to take one,  
is the Benzedrine Inhaler."*

Wier, F.A.: Clin. Med. & Surg. 43:217.

## Between office treatments... your

head-cold patients will be grateful for the relief of nasal congestion afforded by Benzedrine Inhaler, N.N.R. The Inhaler produces a shrinkage of the nasal mucosa equal to, or greater than, that produced by ephedrine—and approximately 17% more lasting.

Each Benzedrine Inhaler is packed with racemic amphetamine, S. K. F., 250 mg.; menthol, 12.5 mg.; and aromatics.



## Benzedrine Inhaler

*a better means of nasal medication*



Smith, Kline & French Laboratories, Philadelphia, Pa.

## \$100 PER ARTICLE

To stimulate sound, practical ideas on the business or non-scientific side of medicine, from which the profession as a whole may benefit, MEDICAL ECONOMICS offers \$100 for each acceptable 2,500-word article. Shorter or longer articles will be paid for at the same rate but in accordance with length as published. Writers who wish to remain anonymous may do so. Articles will be judged solely on the value of the ideas they contain. Address Article Editor, Medical Economics, Inc., Rutherford, New Jersey.

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COUNCIL ACCEPTED



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## the Preferred Estrogen

Schieffelin BENZESTROL is rapidly becoming the therapeutic agent of choice where estrogen therapy is indicated. Clinical potency, marked tolerance and economy are the features to recommend its use.

Available in tablets, potencies of 0.5, 0.1, 2.0 and 5.0 mg.; in 10 cc. vials containing 5.0 mg. per cc., and in ellipsoid shaped vaginal tablets of 0.5 mg. strength, the physician has a choice of three modes of administration.

**Schieffelin & Co.**

Pharmaceutical and Research Laboratories  
20 Cooper Square New York 3, N.Y.

# In Eczema

or whenever coal tar therapy is indicated.

**SUPERTAH** (NASON'S) "has proven as valuable as the black coal tar preparations"

*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases" p. 66*

SUPERTAH is WHITE — not black — so hardly noticeable on the skin.

Easy to remove. Will not stain or discolor skin, bedding, clothing. No tarry odor.

Non-irritating and non-pustulant; can be left on indefinitely with no fear of dermatitis.

Patients use SUPERTAH willingly — freed from the objectionable features of black coal tar ointments.

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## Positions Wanted by Physician-Veterans

Any physician returning to civil life from the armed services or from a war agency may insert *free* in **MEDICAL ECONOMICS** (circulation: more than 125,000) a position-wanted ad of up to 24 words. The following data, which will be kept confidential, must accompany ad copy: name, address, rank or position. Copy must reach **MEDICAL ECONOMICS** before the 5th of the month. Address: Veterans Editor, Medical Economics, Inc., Rutherford, N.J.

**ANESTHETIST**; eligible American boards; former Army general hospital section chief; experience under two board members; Pa. and Calif. licenses; available April 1; now in Calif. Box 1720.

**ASSISTANTSHIP** or preceptorship in ophthalmology and otolaryngology desired; age 30; 1 year's rotating internship; 3 years' Army experience; general practice 9 months; salary unnecessary; now in S.C. Box 1721.

**ASSOCIATION** or practice desired in New York City or vicinity; age 35; training in internal medicine and cardiology; now in N.Y. Box 1722.

**ENT** specialist; eligible for boards; desire association, group, or to share office with board member in Los Angeles area; now in Calif. Box 1723.

**HOTEL** appointment for night duty in New York City; board, lodging and small stipend required; age 31; 22 months' rotating internship; 38 months' overseas service; now in N.Y. Box 1731.

**GENERAL PRACTITIONER**; desire part-time position in industry or with busy practitioner in New York City; now in N.Y. Box 1724.

**GENERAL PRACTITIONER**; desire office for the practice of general medicine in Hudson Valley or Westchester County regions; now in New York City. Box 1725.

**INDUSTRIAL** appointment, insurance appointment, or surgical location desired by general surgeon; age 42; training in chest surgery; location in m'd climate desired not essential; now in N.Y. Box 1726.

**INDUSTRIAL** or insurance work desired; prefer north side of Chicago; part-time morning basis; age 36; 3 years' experience; available immediately; now in Ill. Box 1727.

**INDUSTRIAL** or insurance work desired on part-time morning basis in Chicago or suburbs; now in Ill. Box 1728.

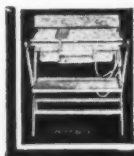
**INDUSTRIAL** or insurance position desired; industrial and surgical experience; age 31; now in Ill. Box 1729.

**INTERNIST-GASTROENTEROLOGIST**; age 33; desire teaching position or group affiliation; 5 years' training; 4 years in Army general hospitals; masters degree; now in Minn. Box 1730.

**OPHTHALMOLOGIST**; certified; desire association with established group; West preferred; now in Wash. Box 1732.

**PATHOLOGIST**; trained in anatomical and clinical pathology and parasitology; awaiting board; age 36; desire position with hospital or group; salary secondary; now in N.Y. Box 1733.

**SURGICAL RESIDENCY** desired; age 32; single; available now or July 1947; former chief of surgery large Army convalescent hospital; now in Fla. Box 1734.



### EVERY MOTHER NEEDS A Bathinette

The "Bathinette" Way is the Accepted Way of bathing babies. Hammock with Headrest supports baby's head—leaving mother's hands free for bathing. Equipped with Shelf for Baby's things and Spray for filling Tub and rinsing baby.



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# Tempting

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Whenever milk is an important "must" in the diet—as throughout infancy and childhood, in pregnancy, gastrointestinal and post-operative conditions, etc.—appealing to the eye and palate by "dressing up" milk is frequently the only means of insuring an adequate intake.

Such a transformation is easily and quickly accomplished with the aid of "Junket" Rennet Powder or Tablets, which make uncooked milk into deliciously flavored rennet-custards. They are highly tempting, yet more readily digested than ordinary cow's milk by virtue of the softer, more finely flocculent curds produced in the stomach by rennin.

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Division of  
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MAKE RENNET-CUSTARDS WITH EITHER "Junket" Rennet Powder—six popular flavors, already sweetened; "Junket" Rennet Tablets—not sweetened or flavored—add sugar and flavor to taste.

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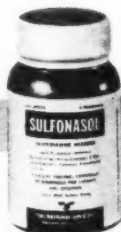
To assist in your pediatric diet problems, four highly authoritative infants' and children's diet lists are available—at no cost or obligation. "Personalized" with your name, address and phone number, physicians find them comprehensive, flexible and time-saving. May we send samples?

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Sulfonazol (Sulfadiazine Mixture "National") contains approximately 2 Gm. micro-crystalline sulfadiazine per fluidounce, in a palatable aromatized vehicle. Available in 4 fluidounce, and pint bottles.



*"How effective is it?"*

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"NATIONAL"

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Sulfonazol suits the doctor, too. He knows that palatability is important. He likewise knows that sulfadiazine is

the sulfonamide of choice for infections caused by hemolytic streptococci, pneumococci, gonococci and meningococci; is highly effective against staphylococci, Friedlander bacilli, and various gram-negative bacteria found in urinary tract infections; and is less toxic than other sulfonamide compounds. For professional literature on Sulfonazol, write to The National Drug Company, Phila. 44, Pa.

THE NATIONAL DRUG COMPANY, PHILADELPHIA 44, PA.

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# The Newsvane

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## **Profession Dead, Says British Physician**

Britain's National Health Bill is the obituary of medicine as a learned profession, Dr. K. D. Wilkinson of Birmingham has told members of the British Medical Association. Criticizing the "pink giant," he said, "The practitioner will work a service comparable to the telephone service. He will choose neither where to live, what type of practice to engage in, nor whom to work with."

Dr. Wilkinson quoted an appropriate Army saying: "What happens to your patients is of no consequence provided your returns are correct."

## **Distribute Physician's Desk Reference**

A new reference volume was on its way to more than 100,000 physicians last month. Physicians' Desk Reference, a four-way index of over 1,000 specialties, biologicals, and drug items, is being distributed to M.D.'s as an informational aid. The compilation was underwritten by the ethical pharmaceutical manufacturers and by Medical Economics, Inc.

Physician's Desk Reference lists the major products of each ethical

manufacturer. For 1,500 major products of 132 manufacturers, it gives the product's formula, action and uses, contra-indications, administration, and dosage. In separate sections it groups the products alphabetically, by drug types, and by therapeutic indications.

A survey conducted among physicians in 1944 showed the need for such a volume. The publishers plan a revised edition each year.

## **Pratt Raps Lobby Law as Discriminatory**

John M. Pratt, executive secretary of the National Physicians Committee, has lashed out bitterly against the new lobbying law which, he says, forces Federal registration of organizations and individuals who are not lobbyists but grants immunity to Government agencies that seek to influence legislation. "Anyone who knows the ways of Washington," says Mr. Pratt, "knows that the most active lobbying in the capital is carried on behind the scenes by Government officials and bureaucrats."

The Pratt protest accompanied a report of NPC's income and expenditures, which the new law requires to be made at regular periods. Mr. Pratt made the report under protest, informing South Trimble, clerk of the House of Rep-

representatives, with whom the report was filed, that he "seriously questioned" whether the law applied to the NPC, which, he said, was not principally concerned with the influencing of legislation.

### ***Small-City Hospitals Support Themselves***

Municipal hospitals in small cities are often able to meet operating costs out of the fees they get from patients. So says the International City Managers' Association after surveying public hospitals in 29 representative cities throughout the country. It found that municipal hospitals in large metropolitan areas, because they care mostly for indigents, are forced to depend much more on

tax funds than do those in the smaller communities that have a high proportion of paying patients.

According to the survey, hospitals in 10 of the 29 cities paid all expenses out of room rents and service charges. Nine met from 90 to 99 per cent of their costs. These 19 cities were all relatively small. A larger one, Austin, Tex., met 55 per cent of costs out of operating income, while Dallas's municipal hospital could meet only 14 per cent.

### ***Society Calls V.A. Critic Greedy***

An anonymous physician protested in a letter to a New Jersey paper that the Veterans Administration was slow in paying him

## ***CUFLEX*** SELF-RETAINING ELECTRODES ARE BETTER



**BECAUSE THEY'RE MADE TO** ➡ ➡

- Grip the body firmly and evenly.
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- Improve S. W. Diathermy technic.
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Ask your surgical supply dealer

# PENICILLIN

## *b y m o u t h*

Now that the therapeutic efficacy of penicillin is accepted, the advantages of prescribing it in tablet form are self-evident. Supplied in two strengths (25,000 and 50,000 units), BRISTOL PENICILLIN TABLETS ORAL are compounded of calcium penicillin buffered with calcium carbonate.

Blood concentrations of therapeutic adequacy may be attained by administering approximately five times the number of units prescribed for the intramuscular route, in the treatment of most infections sensitive to this antibiotic. Lesser amounts may suffice in the convalescent stages of acute infections and for prophylactic use after tonsillectomy and tooth extraction. In most instances penicillin is administered orally as an adjunct to parenteral therapy.

*Available in packages of twelve tablets through your pharmacist or supply dealer.*

## PENICILLIN TABLETS ORAL

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LABORATORIES  
INCORPORATED

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for his services under the hometown plan of medical care of veterans. The New Jersey Medical Society denounced him as "churlish" and said that if it weren't for the V.A. he wouldn't have "this handsome accounts receivable."

Said the society: "There are only certain amounts of time and personnel available for authorizing and making payments. It is altogether proper that payment to veterans of pension or subsistence take precedence over payment to doctors, most of whose income comes from outside sources. It is ungracious, indeed shameful, for a physician to insist that he be paid first."

## Senator Morse Assails M.D.'s for 'Threats'

Senator Wayne L. Morse (R., Ore.) has reacted sharply to a charge that he "double-crossed" the medical profession by allegedly favoring such measures as the Super-EMIC Bill (S. 1318) and the Wagner-Murray-Dingell Bill (S. 1606). Declaring that he acted as co-sponsor of S.1318 only because he wanted "full and fair" hearings on the problems of maternal and child welfare, the Senator points

out that he helped block the attempt by Senator Claude Pepper (D., Fla.) to railroad the measure to the Senate floor.

"Doctors should face political realities," he recently told the Oregon State Medical Society. "If, for example, the medical profession thinks for a moment that the American people are going to turn over to it the job of determining public policy in protecting the health of the people, it is mistaken. The doctors had better read the handwriting on the wall as far as that issue is concerned. If members of the medical profession continue to make political threats against their fair-minded friends in Congress, as some have against me, they will succeed only in having those friends replaced by out-and-out advocates of socialized medicine."

## Small Hospitals Face Personnel Crisis

The nation's small hospitals now face a serious personnel problem, says Marshall I. Pickens, assistant secretary, The Duke Endowment, Charlotte, N.C. In a report to the American Hospital Association, Mr. Pickens listed the following handi-

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caps now facing hospitals of less than 60 or 70 beds:

(1) Job combination is a necessity. Under present conditions persons qualified and willing to do an assortment of tasks are not always available.

(2) The less-than-70-bed hospital is too small to maintain an accredited training school for nurses.

(3) The responsibility of the staff nurse in the small hospital is unduly heavy because of the absence of an interne and resident staff.

(4) Volunteers in the small hospital usually have less pre-service training and work under less supervision.

(5) Affiliation with a large hospital or a grouping of three or four small hospitals is necessary to pro-

vide adequate radiological and pathological service.

(6) Because of the influence of public opinion on the conduct of a small community hospital, it is limited in its charges to patients. This makes it difficult to compete in an open market for personnel.

These problems are often magnified by the influence of the medical staff in the average small hospital, Mr. Pickens said. It is much greater than may be found in large institutions.

### *Red Cross Seen as More Democratic*

The recent reorganization of the Red Cross—the most important and far-reaching shake-up of that body since its inception in 1905—was

## AN IMPORTANT *Therapeutic Team* IN **RESPIRATORY AFFECTIONS**

The effectiveness of HYODIN (formerly Gardner's Syrup of Hydriodic Acid) in stimulating bronchopulmonary membranes to effect secretion and liquefaction of mucus has made it an iodine preparation of choice to provide systemic relief in: Influenza, bronchial dyspnea, chronic bronchitis, common cold, grippe, unresolved pneumonia and pleurisy. HYODIN is a colorless . . . most palatable . . . well-tolerated . . . less toxic . . . and highly stable iodine preparation for use whenever internal iodine medication is indicated. Each 100 cc. contains 1.3—1.5 Gm. hydrogen iodide (resublimed iodine value averages .85 gr. in each 4 cc.). Dosage: 1 to 3 tsp. in 1/2 glass water 1/2 hr. before meals. Available: In 4 and 8 oz. bottles.

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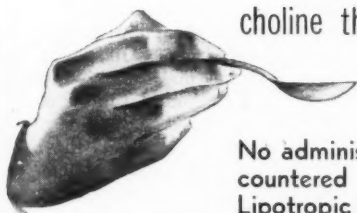
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— an efficacious demulcent expectorant often employed as an adjuvant to HYODIN. Its efficiency in soothing local inflammation, and diminishing the cough by making it more productive and less fatiguing — without the use of opiates or sedatives — qualifies it as an ideal preparation for local treatment of many conditions in which HYODIN is indicated. Each 30 cc. contains 1.05 Gm. of ammonium hypophosphite (2 gr. in 4 cc.). Dosage: 1 to 2 tsp. p.r.q. Available: In 4 and 8 oz. bottles.

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Also, in conjunction with sulfa and heavy metal therapy, as prophylaxis against liver damage.

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undertaken to provide a more democratic structure, says Basil O'Connor, national chairman. Indicative of the change is the abolition of the self-perpetuating board of eighteen incorporators and its replacement by a governing board of fifty members (thirty elected by local chapters, twelve elected by the national organization, and eight appointed by the President of the United States). The President will also designate one of his appointees as president of the Red Cross. There will be no more honorary vice presidents and no classification of members according to the amount of money they contribute.

Under the new charter it will be possible for as few as twenty-five members of any chapter to appeal to national headquarters for relief from any organizational action they deem unwise or unjust.

## ***Public Ire Forces New Hospital Procedure***

Shocked by strong public resentment characterized by charges of commercialism and mercenary behavior, Vassar Brothers Hospital, Poughkeepsie, N.Y., recently asked physicians to cooperate in a new system to minimize delays in admitting patients.

Smoldering public resentment against the old admitting procedure—based mostly on misunderstanding, according to the hospital

—became critical when the institution began a drive for funds. A large number of pledge cards were returned unsigned by persons who refused to contribute anything. Disturbed hospital officials questioned a number of such people and then reported:

"They say that they come to Vassar Hospital in a highly emotional state caused by grave concern over their condition and the possible outcome, to find that the hospital is interested only in their pocketbook. One man summed up this extreme viewpoint in these words: 'Why should I give anything to Vassar Hospital? Boy, they really get theirs. They won't even let you in the place until they know if you have money to pay your bills, and they make doubly certain by trying to find out how much your friends have.'

"Of course," comments the hospital, "this is an untrue statement. Actually, most of the questions asked deal directly with the welfare of the patient. But this attitude by so many does indicate clearly the irritation caused by the delay in getting patients into the hospital . . ."

## ***Medical Terminology Seen Comfort to Patient***

Gobbledygook, or the practice of never using a simple word where a complex phrase can be sub-

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Clapp's Instant Cereal is prepared from mixed cereals, fortified with vitamins and minerals, notably vitamin B<sub>1</sub> (thiamine) and Iron, in which the diet of infants and young children may be deficient.

### **INGREDIENTS**

Whole Wheat Meal • Corn Meal • Wheat Germ • Malt • Non-fat Dry Milk Solids • Calcium Phosphate • Dried Brewers' Yeast • Salt • Iron Ammonium Citrate.

### **TYPICAL ANALYSIS**

Carbohydrate 73.1%	Iron (Fe) 30 mg. per 100 gms.
Protein (Nx6.25) 15.0%	Copper (Cu) 2 mg. per 100 gms.
Fat (ether extract) .8%	Thiamine (B <sub>1</sub> ) 1.0 mg. per 100 gms.
Ash (total minerals) 3.8%	Riboflavin (B <sub>2</sub> ) 0.3 mg. per 100 gms.
Crude Fiber 1.6%	Moisture 5.7%
Calcium (Ca) 800 mg. per 100 gms.	Calories per ounce 102.
Phosphorus (P) 580 mg. per 100 gms.	

### **NUTRITIONAL VALUES**

While the quantity of Clapp's Instant Cereal used may vary considerably for the individual, ½-oz. and 1-oz. quantities may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following percentages of the minimum daily requirements:

**INSTANT CEREAL:** For infants, 120% of vitamin B<sub>1</sub>; 20% of vitamin B<sub>2</sub>. For young children, 60% of vitamin B<sub>1</sub>; 113% of Iron; 32% of Calcium; 22% of Phosphorus.



The Council on Foods of the A.M.A. suggests that infant cereals may well be selected upon the basis of furnishing vitamin B<sub>1</sub> and Iron. Clapp's Cereals are an excellent source of these two food elements and thus are preferred for inclusion in infants' diets.

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# ..... in the presence of bowel pathology

Constipation occurring in the course of definite pathologic bowel conditions requires delicate handling. Thus, in peptic ulcer, mucous and ulcerative colitis, and even in malignancies, Metamucil is desirable for its lack of irritation, its smooth action.

**METAMUCIL** is the highly purified, nonirritating extract of the seed of psyllium, *Plantago ovata* (50%), combined with dextrose (50%). It mixes readily with liquids, is palatable and easy to take. Supplied in 1-lb., 8-oz. and 4-oz. containers.

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RESEARCH IN THE SERVICE OF MEDICINE

stituted, may be downright silly in most cases but there are times when it has its virtues, says Lowell B. Mason, Federal Trade Commissioner, in a humorous article in The New York Times Magazine. "Next time you go to the doctor's office," he says, "notice the large framed sheepskin hanging on his wall. It runs like this: 'Medicinae Doctoris fuisse provectum, et omnibus et singulis juribus, etc.' Why do you think that's put up there? Personally, you would like something more cheerful—one never feels too good in a doctor's waiting room anyway. Wouldn't you rather look at a picture of a landscape, a rose garden, or, to make it really worth while, a few pin-up girls?"

"But doctors are good psychologists. They know patients are more anxious to be assured than to

be informed. When we are sick we want somebody to be smarter than we are—better educated, more experienced. Look over his shoulder as he writes your prescription. That clinches the matter! You are in safe hands. Here is a master mind whose training and perceptions are such that no disease can escape him."

## Eye Bank Has Rapid 1st Year Growth

About 250 ophthalmologists throughout the nation now participate actively in the program of the Eye Bank for Sight Restoration, Inc. The bank says that participating hospitals have grown in number from 22 in 1945 to 56 now. Through the active cooperation of



THE season of throat affections is here.

Thantis Lozenges have proved especially effective in soothing and relieving these conditions. The effectiveness of Thantis Lozenges is due to two active ingredients:

Merodicein\* an antiseptic which prevents the development of bacteria even in great dilution

Saligenin† a mild local anesthetic which relieves the discomfort of throat infections.

Thantis Lozenges are antiseptic and anesthetic for the mucous membranes of the throat and mouth. Complete literature on request.

Supplied in vials of twelve lozenges each.

\* Merodicein is the H. W. & D. trade name for monohydroxymercuriodioresorcinulfonphthalein-sodium.

† Saligenin is orthohydroxybenzylalcohol, H. W. & D.

*Thantis Lozenges*



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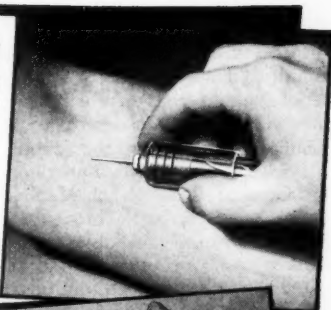
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B-D Vacutainer through simple one-hand technique permits collection of 10 cc. of blood in 7 seconds — under normal conditions.

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After blood sample has been taken with B-D Vacutainer, drops may be easily secured for additional testing. It is the only method that permits splitting a blood specimen for serology and chemistry — under sealed conditions.



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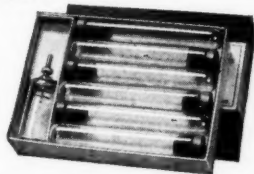
## for BLOOD SAMPLING

Many important hospitals, clinics and states are today using the B-D Vacutainer as their standard equipment for taking blood samples. Its speed, economy and record of consistently good results were deciding factors in his choice over other methods. Important, too, was the lessening of strain on hypodermic equipment when B-D Vacutainer was selected.

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the Red Cross, which has placed its transportation facilities at the disposal of the bank, and of various continental airlines, which fly material without charge, the bank is now able to assist in corneal transplantations throughout the country.

Facilities of the Ayer Laboratory for Corneal Research at Manhattan's Eye, Ear, and Throat Hospital have been available to the bank from its inception. There, donated eyes are examined, put under a twenty-four-hour culture test, and then sent to physicians on the waiting list.

The bank has prepared a kit of educational material designed to acquaint both physicians and laymen with the technical aspects of corneal transplantation. It can be obtained from the bank at 210 East 64th Street, New York 21, N.Y.

## Editor Raps Popular Medical Articles


Perhaps doctors would do better to read the up-to-the-minute medical information published in popular magazines than to rely on medical journals, Dr. J. J. Lightbody observes caustically in the Detroit

Medical News. "Scientific medical treatises are submitted for publication anywhere from four months to two years before publication," he says. "But when anything is 'hot' from a medical publicity angle, the idea is usually released through a certain secretary in Chicago (Modern Home Medical Adviser), who gets his name attached, and then Paul de Kruif takes over . . . Never has man read so much written by so many who know so little about their subject."

## Fifty-Four Clergymen Favor Euthanasia

Proposed legislation legalizing euthanasia for the hopelessly ill has been endorsed by 54 Protestant clergymen, according to the Euthanasia Society of America, Inc. The ministers—all of them prominent and some known as "liberals"—declared that there is no ethical objection to "painless death" for persons who desire it and who are suffering from incurable, fatal, and painful disease. Euthanasia under such circumstances, they said, "should not be regarded as contrary to the teachings of Christ or to the principles of Christianity."

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Mild Ephedrine Nasal Unguent



By means of applicator reaches accessible membranes. Effectively relieves nasal symptoms and eases breathing.  
(2.07 gr. ephedrine alkaloid plus 4.31 gr. eucalyptus oil and .47 gr. menthol)

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# When Treating Nephritis by INTRAVENOUS INJECTIONS

For intravenous injections of albumin, glucose or saline solution as correctives to metabolic disturbances, especially where manifestations of edema and azotemia are present, the needle for minimum irritation and trauma is VIM.

This is the needle made from the "sterling of stainless steels", the needle with the hollow ground point and keen cutting edges. The VIM point gently slits skin tissues and vein wall rather than puncturing them, assuring minimum seepage and shock.



The following lengths and gauges for intravenous injections fit any standard luer syringe and may be ordered from your surgical instrument dealer with Intravenous points (18°):

- 25 Gauge,  $\frac{3}{4}$ "
- 24 Gauge,  $\frac{3}{4}$ ",  $\frac{1}{2}$ "
- 23 Gauge,  $\frac{3}{4}$ "
- 21 Gauge, 1"
- 20 Gauge, 1",  $1\frac{1}{2}$ "
- 18 Gauge,  $1\frac{1}{2}$ "
- 22 Gauge,  $\frac{3}{4}$ ", 1",  $1\frac{1}{4}$ ",  $1\frac{1}{2}$ "

Physicians find that Vim needles hold their sharpness almost indefinitely despite continued use and sterilization. They are made from stainless *cutlery* steel, heat-treated and tempered to exactly the hardness demanded in a *cutting* instrument.

VIM needles are also available for Intramuscular, Intradermal, Subcutaneous, Intramuscular and general hypodermic work. Write us for a complete list of sizes and points suitable to your specialty.

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## ***Physician-Veteran Runs Amok, Injures Two***

Becoming suddenly frenzied during the course of a professional visit to a woman patient's home, Dr. John Broaddus, 31, of Highland Park, Mich., recently slashed her husband severely about the face, neck, and shoulders. The physician was subdued by police only after he had been shot in the thigh and ankle.

Shortly after his arrival at the home, Dr. Broaddus allegedly threatened to kill Mrs. Beatrice Utash, 32, with a surgeon's knife. A neighbor who was present grappled with him until the patient's husband got to the room, armed with a rifle. He pursued Dr. Broaddus to a bathroom, where the latter slashed him until he retreated. The physician then locked himself in and police had to break down the door. A wild, room-to-room battle followed, during which the physician was wounded.

Taken under arrest to St. Joseph's Hospital, of which he was a staff member, Dr. Broaddus declared he could remember nothing of the attack. His wife told detectives that her husband had been hospitalized for twelve months before separation from the Army Medical Corps, with which he had served 3½ years.

## ***Low M.D. Pay Rates Called Shameful***

Part-time physicians employed by the New York City Department of Health "to treat human beings" are paid less than veterinarians receive in neighboring Westchester County for inoculating dogs, a labor

union has charged. In a blanket condemnation of low compensation received by health workers in the metropolis, United Public Health Workers, CIO, declares that nurses, sanitary inspectors, and others are resigning in "alarming" numbers to take better-paying jobs elsewhere. One hundred such resignations occurred in the first three quarters of 1946, asserts the union, which declares that the city's niggardliness may bring about a "grave" health crisis, since the workers who remain are unable to cope with their expanded duties.

Physicians in part-time public health work elsewhere receive from \$3 to \$6 an hour, adds the newspaper PM, while New York City pays only \$2.33. The five medical societies of the city have already condemned that rate as "indefensi-

## *Anecdotes*

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# Oh, Doctor!



**"I DON'T KNOW WHAT TO DO, DOCTOR.  
I'M JUST A SHADOW OF MY FORMER SELF."**

**But seriously, Doctor . . .** As you know, lack of weight can be due to a lack of vitamin  $B_1$  (thiamine)—the vitamin needed to stimulate appetite. In such cases, you may want to suggest that hot Ralston be included in the daily diet. Why? Because hot Ralston is  $2\frac{1}{2}$  times as rich as natural whole wheat in wheat germ — best cereal source of vitamin  $B_1$ .

**TWO KINDS OF HOT RALSTON** ➡

**RALSTON PURINA COMPANY**  
Checkerboard Square, St. Louis 2, Mo.



ble," asserting that New York "should feel a sense of humiliation in offering its citizens essential service upon such an inadequate basis."

## ***City Employees to Swell Co-op Plan's Lists***

HIP, the community-sponsored Health Insurance Plan of Greater New York, got its first big financial boost a month ago. Not unexpectedly, the City of New York nudged its thousands of municipal employees toward the subscription lists by agreeing, formally, to pay half their premiums. Over the protests of the city's five county medical societies, the "doctors' plan," United Medical Service, was left out in the cold.

Already actively selling its plan through the Blue Cross—as does UMS—HIP hoped to start paying benefits shortly after the first of the year. Meanwhile, its negotiations with the city had resulted in reams of favorable publicity in New York newspapers.

Throughout the metropolitan area, physicians' groups were being formed to furnish, by way of contract with HIP, comprehensive care in home, office, or hospital, includ-

ing a practically full range of specialists' services. Each group will collect from the plan on a capitation basis.

The city is expected to contribute between \$4 and \$5 million a year to the program, matching its employees' premiums dollar for dollar.

## ***Ethical Codes Ruled Binding in Law***

The statutes do not specifically prohibit certain unethical acts; the codes of ethics of professional societies do. The question, appealed to the highest court in New York State, was: "Do the societies' codes have legal weight and effect?" The Court of Appeals has ruled that they do, and that a person may be duly tried and suspended from the practice of a profession if he transgresses those rules.

The decision was made recently in the case of a dentist who had been charged with unethical conduct because he employed a layman to solicit patients on a percentage basis. Brought before the State Board of Regents by the Board of Dental Examiners, he made no effort to deny the charge, but contended that since the practice was



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**KIDDIE-KOOP**, the safety-screened crib

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Also closely related to well-being is the familiar Rexall sign of reliable pharmaceutical service, marking selected drug stores throughout the country. It tells you that here are Rexall products and prescription-compounding skill, both unsurpassed for quality control. Right in your own neighborhood there's sure to be a Rexall Drug Store.



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not specifically barred by statute he could not be legally tried. The regents found him guilty, however, and suspended him from practice for a year. He thereupon appealed, on his original grounds, to the Appellate Division of the Supreme Court, where his conviction was reversed. The court noted, in passing, that his act was contrary to the code of ethics of the professional societies but pointed out that he did not belong to any of them.

The Board of Regents took the case to the Court of Appeals, which reversed the Appellate Division and upheld the conviction and suspension of the dentist. In an opinion concurred in by five of seven justices, the court declared it was not necessary for the legislature to define with particularity acts which constitute professional misconduct. Such definition, it said, may be left to professional societies, whose codes represent the overwhelming weight of opinion in the profes-

sions. Therefore, it decided, "what constitutes unprofessional conduct by a dentist must be determined by those standards which are commonly accepted by practitioners in the same territory."

Transgression of the ethical code, said the court, is a "moral dereliction," and the offending practitioner may not plead ignorance as palliation, since it must be assumed that he is thoroughly conversant with the rules of his profession.

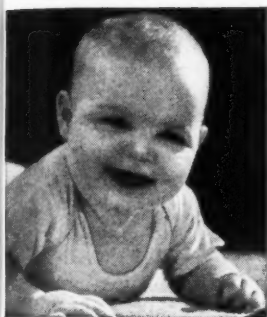
The opinion concluded: "It seems to us that there is one course of conduct which in each and every profession is known as a matter of common knowledge to be improper and unprofessional. That is the conduct by which, after a professional man has been licensed by the state, he enters into a partnership in his professional work with a layman, by the terms of which he divides with the latter, on a percentage basis, payments made by a client or patient for professional



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Extensive tests have proved Johnson's Baby Oil to be nontoxic and nonirritating. It will not turn rancid.



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services rendered. This is what the respondent did here."

This conclusion brought a warning dissent from two justices who declared that such a rule had not received universal acceptance in the professions. The dissenting opinion pointed out that the lay manager of a law firm may be paid a percentage of earnings for his services and that "such an arrangement is neither immoral nor unethical." Many other analogies existed, it added, in hospital management and probably would recur frequently "in the important growth and development of group medicine."

### *Lax M.D.'s 'Hindering' Conquest of T.b.*

Physicians who negligently or wilfully fail to report cases of tuberculosis, as required by law, have been denounced by Dr. Haven Emerson, nationally known public health educator. "Is a requirement of the Board of Health, having the force and effect of law, to be disregarded with impunity? The humblest expectation of public health is that physicians recognize tuberculosis prior to the patient's death and report every infected person receiv-

ing medical care."

The educator singles out for particular castigation the doctor who is inclined to "spare the feelings of the patient and family" and therefore attempts to care for the patient at home. Recalling that in 1910 there were three deaths from t.b. for every reported case, Dr. Emerson reports considerable progress, with one state, Wisconsin, recently reporting 3.70 cases per death. Yet, he says, it is probable that between seven and ten cases per death could be discovered and reported if all resources of medicine were used to full advantage.

### *Free Choice, Limited*

The patient's right to choose his own physician freely is explicitly guaranteed by the Wagner-Murray-Dingell bill, "assert its proponents. Not so, retorts Dr. George Dunlop, chairman of the legislative committee of the Worcester (Mass.) Medical District. "The bill states," he recently told a nurses' convention, "that you cannot choose a physician if he is not in your district, if his panel is full, if he has not agreed to practice under the act, or if he is a specialist. Is this free choice?"

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